AUTHOR SEARCH

```
=> FILE HCAPLUS
FILE 'HCAPLUS' ENTERED AT 17:15:00 ON 24 NOV 2008
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.
COPYRIGHT (C) 2008 AMERICAN CHEMICAL SOCIETY (ACS)
```



```
FILE COVERS 1907 - 24 Nov 2008  VOL 149 ISS 22
FILE LAST UPDATED: 23 Nov 2008  (20081123/ED)

HCAplus now includes complete International Patent Classification (IPC)
reclassification data for the third quarter of 2008.

New CAS Information Use Policies, enter HELP USAGETERMS for details.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.

=> D QUE L89
L85 (      2431)SEA FILE=HCAPLUS ABB=ON  PLU=ON  ARTEMISININ
L86 (     24980)SEA FILE=HCAPLUS ABB=ON  PLU=ON  LI, G?/AU
L87 (     11393)SEA FILE=HCAPLUS ABB=ON  PLU=ON  SONG, J?/AU
L88 (        70)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L86 AND L87
L89            4 SEA FILE=HCAPLUS ABB=ON  PLU=ON  L85 AND L88


=> FILE MEDLINE
FILE 'MEDLINE' ENTERED AT 17:15:12 ON 24 NOV 2008

 FILE LAST UPDATED: 19 Nov 2008 (20081119/UP).  FILE COVERS 1949 TO DATE.

  MEDLINE has been updated with the National Library of Medicine's
  revised 2008 MeSH terms.  See HELP RLOAD for details.

  This file contains CAS Registry Numbers for easy and accurate
  substance identification.

  See HELP RANGE before carrying out any RANGE search.

  MEDLINE Accession Numbers (ANs) for records from 1950-1977 have
  been converted from 8 to 10 digits.  Searches using an 8 or 10 digit
  AN will retrieve the same record.  The 10-digit ANs can be expanded,
  searched, and displayed in all records from 1949 to the present.

=> D QUE L92
L90 (      5207)SEA FILE=MEDLINE ABB=ON  PLU=ON  LI, G?/AU
L91 (      3225)SEA FILE=MEDLINE ABB=ON  PLU=ON  SONG, J?/AU
```

```
L92           9 SEA FILE=MEDLINE ABB=ON  PLU=ON  L90 AND L91


=> FILE BIOSIS

FILE 'BIOSIS' ENTERED AT 17:15:22 ON 24 NOV 2008
Copyright (c) 2008 The Thomson Corporation

FILE COVERS 1926 TO DATE.
CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT
FROM JANUARY 1926 TO DATE.

RECORDS LAST ADDED: 19 November 2008 (20081119/ED)

BIOSIS has been augmented with 1.8 million archival records from 1926
through 1968.  These records have been re-indexed to match current
BIOSIS indexing.

=> D QUE L95
L93 (      5730)SEA FILE=BIOSIS ABB=ON  PLU=ON  LI, G?/AU
L94 (      3789)SEA FILE=BIOSIS ABB=ON  PLU=ON  SONG, J?/AU
L95          10 SEA FILE=BIOSIS ABB=ON  PLU=ON  L93 AND L94


=> FILE WPIX
FILE 'WPIX' ENTERED AT 17:15:34 ON 24 NOV 2008
COPYRIGHT (C) 2008 THOMSON REUTERS

FILE LAST UPDATED:          21 NOV 2008   <20081121/UP>
MOST RECENT UPDATE:           200875      <200875/DW>
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE
>>> Now containing more than 1.2 million chemical structures in DCR <<<

>>> IPC Reform backfile reclassifications have been loaded to end of
    September 2008. No update date (UP) has been created for the
    reclassified documents, but they can be identified by 20060101/UPIC,
    and 20061231/UPIC, 20070601/UPIC, 20071001/UPIC, 20071130/UPIC,
    20080401/UPIC, 20080701/UPIC and 20081001/UPIC.
    ECLA reclassifications to mid August and US national classification
    mid September 2008 have also been loaded. Update dates 20080401,
    20080701 and 20081001/UPEC and /UPNC have been assigned to these. <<

FOR A COPY OF THE DERWENT WORLD PATENTS INDEX STN USER GUIDE,
PLEASE VISIT:
http://www.stn-international.de/training_center/patents/stn_guide.pdf

FOR DETAILS OF THE PATENTS COVERED IN CURRENT UPDATES, SEE
http://scientific.thomsonreuters.com/support/patents/coverage/latestupdates/

EXPLORE DERWENT WORLD PATENTS INDEX IN STN ANAVIST, VERSION 2.0:
http://www.stn-international.com/archive/presentations/DWPIAnaVist2_0608.pdf

>>> HELP for European Patent Classifications see HELP ECLA, HELP ICO <<<


=> D QUE L98
L96 (      6388)SEA FILE=WPIX ABB=ON  PLU=ON  LI, G?/AU
L97 (      6906)SEA FILE=WPIX ABB=ON  PLU=ON  SONG, J?/AU
L98          12 SEA FILE=WPIX ABB=ON  PLU=ON  L96 AND L97
```

```
=> FILE EMBASE

FILE 'EMBASE' ENTERED AT 17:15:43 ON 24 NOV 2008
Copyright (c) 2008 Elsevier B.V. All rights reserved.

 FILE COVERS 1974 TO 24 Nov 2008 (20081124/ED)

 EMBASE was reloaded on March 30, 2008.

 EMBASE is now updated daily.  SDI frequency remains weekly (default)
 and biweekly.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.

 Beginning January 2008, Elsevier will no longer provide EMTREE
 codes as part of the EMTREE thesaurus in EMBASE.  Please update
 your current-awareness alerts (SDIs) if they contain EMTREE
 codes.

 For further assistance, please contact your local helpdesk.

=> D QUE L101
L99 (      4036)SEA FILE=EMBASE ABB=ON  PLU=ON  LI, G?/AU
L100(      2833)SEA FILE=EMBASE ABB=ON  PLU=ON  SONG, J?/AU
L101          6 SEA FILE=EMBASE ABB=ON  PLU=ON  L99 AND L100


=> DUP REMOVE L89 L92 L95 L98 L101

FILE 'HCAPLUS' ENTERED AT 17:16:20 ON 24 NOV 2008
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.
COPYRIGHT (C) 2008 AMERICAN CHEMICAL SOCIETY (ACS)

FILE 'MEDLINE' ENTERED AT 17:16:20 ON 24 NOV 2008

FILE 'BIOSIS' ENTERED AT 17:16:20 ON 24 NOV 2008
Copyright (c) 2008 The Thomson Corporation

FILE 'WPIX' ENTERED AT 17:16:20 ON 24 NOV 2008
COPYRIGHT (C) 2008 THOMSON REUTERS

FILE 'EMBASE' ENTERED AT 17:16:20 ON 24 NOV 2008
Copyright (c) 2008 Elsevier B.V. All rights reserved.

L136         31 DUP REMOVE L89 L92 L95 L98 L101 (10 DUPLICATES REMOVED)


L136 ANSWER 1 OF 31  HCAPLUS  COPYRIGHT 2008 ACS on STN DUPLICATE 6
ACCESSION NUMBER:         2005:1275691  HCAPLUS  Full-text
DOCUMENT NUMBER:          144:11569
TITLE:                    A medicine for treating malaria and preventing the
                          transmission of malaria
INVENTOR(S):              Li, Guoqiao; Chen, Peiquan; Song,
                          Jianping; Tan, Bo
PATENT ASSIGNEE(S):       Guangzhou Guoqiao Pharmaceutical Research Co., Ltd.,
                          Peop. Rep. China
```

SOURCE: Faming Zhuanli Shenqing Gongkai Shuomingshu, 4 pp.
CODEN: CNXXEV
DOCUMENT TYPE: Patent
LANGUAGE: Chinese
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
CN 1616101	A	20050518	CN 2004-10051416	20040910
PRIORITY APPLN. INFO.:			CN 2004-10051416	20040910

ED Entered STN: 06 Dec 2005
AB This invention relates to a medicine for treating malaria and preventing the transmission of malaria. The medicine is prepared from (A) artemisinin or its derivs., or (B) mixture of A and antimalarial agent with moderate or long half life, or (C) combination of sep. packaged A and antimalarial agent with moderate or long half life, and (D) ultra-low-dose of primaquine or its salt, with a ratio of A (or B or C) to D of (1-500):(0.1-1). Clin. trials show that the medicine has the advantages of quick onset of effect, good effects, low toxicity, good safety, short course of treatment, and convenient administration. It has effect in quickly killing gametocytes of plasmodium to rapidly control the source of infection and stop transmission.

L136 ANSWER 2 OF 31 HCAPLUS COPYRIGHT 2008 ACS on STN
ACCESSION NUMBER: 2008:246658 HCAPLUS Full-text
DOCUMENT NUMBER: 148:417330
TITLE: Dose ranging studies of new artemisinin -piperaquine fixed combinations compared to standard regimens of artemisisnin combination therapies for acute uncomplicated falciparum malaria
AUTHOR(S): Krudsood, Srivicha; Tangpukdee, Noppadon; Thanchatwet, Vipa; Wilairatana, Polrat; Srivilairit, Siripan; Pothipak, Nantaporn; Song, Jianping; Li, Guoqiao; Brittenham, Gary M.; Looareesuwan, Sornchai
CORPORATE SOURCE: Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand
SOURCE: Southeast Asian Journal of Tropical Medicine and Public Health (2007), 38(6), 971-978
CODEN: SJTMAK; ISSN: 0125-1562
PUBLISHER: SEAMEO-TROPMED Network
DOCUMENT TYPE: Journal
LANGUAGE: English
ED Entered STN: 28 Feb 2008
AB To determine the optimum dose of artemisinin-piperaquine combination therapies for acute uncomplicated Plasmodium falciparum malaria, we examined 7 candidate regimens in 411 patients admitted to the Bangkok Hospital for Tropical Diseases. The studies were performed from May 2005 to Oct. 2005 and Nov. 2005 to June 2006. We compared 3-day courses of artesunate-mefloquine, artemether-lumefantrine (Coartem) and of dihydroartemisinin-piperaquine (Artekin) as reference antimalarial treatments, with candidate regimens using 2-3 day courses of artemisinin -piperaquine, Artequick. Initially, patients receiving each of the regimens had a rapid clin. and parasitol. response. All treatments were well tolerated and no serious adverse effects occurred. The 28-day cure rates were <80% for the 2-day treatments with artemisinin - piperaquine at 2.4 mg/kg and 14.4 mg/kg, resp., in the first study period and artemisinin-piperaquine at 3.2 mg/kg and 16.0 mg/kg, resp., but >98% for the 3-day regimens. These results suggest that a 3-day course of artemisinin-

piperaquine at 3.2 mg/kg and 16.0 mg/kg, resp., deserve further evaluation as an alternative treatment for multidrug-resistant P. falciparum malaria.

REFERENCE COUNT: 16 THERE ARE 16 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L136 ANSWER 3 OF 31 HCAPLUS COPYRIGHT 2008 ACS on STN
ACCESSION NUMBER: 2005:300245 HCAPLUS Full-text
DOCUMENT NUMBER: 142:341958
TITLE: Compound artemisinin tablet
INVENTOR(S): Li, Guoqiao; Song, Jianping
PATENT ASSIGNEE(S): Peop. Rep. China
SOURCE: PCT Int. Appl., 8 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: Chinese
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2005030197	A1	20050407	WO 2004-CN1064	20040920
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
CN 1528309	A	20040915	CN 2003-146951	20030926
CN 1255106	C	20060510		
EP 1702616	A1	20060920	EP 2004-762197	20040920
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, FI, RO, CY, TR, BG, CZ, EE, HU, PL, SK				
BR 2004014296	A	20061107	BR 2004-14296	20040920
IN 2006DN02258	A	20070803	IN 2006-DN2258	20060424
US 20060281785	A1	20061214	US 2006-587277	20060725

PRIORITY APPLN. INFO.: CN 2003-146951 A 20030926
WO 2004-CN1064 W 20040920

ED Entered STN: 07 Apr 2005
AB The present invention relates to compound artemisinin tablet which can treat multiple drug-resistant pernicious malaria, tertian malaria and quartan malaria and to children formulation such as granules, suspensions, syrups, and powders. The compound consists of artemisinin, piperaquine and primaquine. Clin. tests in Southeast Asia countries where malaria prevails demonstrate that the compound is high-effective and quick-effective. It can shorten the period of treatment and the side-effects are lowered.

REFERENCE COUNT: 6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L136 ANSWER 4 OF 31 HCAPLUS COPYRIGHT 2008 ACS on STN
ACCESSION NUMBER: 2005:1066842 HCAPLUS Full-text
DOCUMENT NUMBER: 143:410982
TITLE: Preparation of artemisinin soft capsules
INVENTOR(S): Zhang, Meiyi; Song, Jianping; Tan, Bo; Yang, Zhaoli; Zhan, Lizhi; Zhou, Keding; Shi, Linrong; Li, Guoqiao

PATENT ASSIGNEE(S): Guangzhou Guoqiao Pharmaceutical Research Co., Ltd., Peop. Rep. China
SOURCE: Faming Zhuanli Shenqing Gongkai Shuomingshu, 6 pp.
CODEN: CNXXEV
DOCUMENT TYPE: Patent
LANGUAGE: Chinese
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
CN 1559403	A	20050105	CN 2004-10015426	20040223

PRIORITY APPLN. INFO.: CN 2004-10015426 20040223
ED Entered STN: 06 Oct 2005
AB The invention relates to a method for preparing artemisinin soft capsules. The preparation method comprises (1) pulverizing artemisinin into fine powder, (2) suspending in oleaginous base to form capsule cores, (3) encapsulating with shell material at 25-28°C to obtain final product of soft capsules. The soft capsules have the advantages of improved bioavailability and therapeutic effects, high stability, and accurate artemisinin content and can be taken orally or administered rectally.

L136 ANSWER 5 OF 31 MEDLINE on STN DUPLICATE 1
ACCESSION NUMBER: 2008164598 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 18167151
TITLE: Adenoviral cardiotrophin-1 transfer improves survival and early graft function after ischemia and reperfusion in rat small-for-size liver transplantation model.
AUTHOR: Song Jun; Zhang Ye-Wei; Yao Ai-Hua; Yu Yue; Hua Zhi-Yuan; Pu Li-Yong; Li Guo-Qiang; Li Xiang-Cheng; Zhang Feng; Sheng Guo-Qing; Wang Xue-Hao
CORPORATE SOURCE: The Liver Transplantation Center of the First Affiliated Hospital, Nanjing Medical University, Nanjing, Jiangsu Province, China.. songjunwk@yahoo.com.cn
SOURCE: Transplant international : official journal of the European Society for Organ Transplantation, (2008 Apr) Vol. 21, No. 4, pp. 372-83. Electronic Publication: 2007-12-19.
Journal code: 8908516. ISSN: 0934-0874.
PUB. COUNTRY: Germany: Germany, Federal Republic of
DOCUMENT TYPE: (COMPARATIVE STUDY)
Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200807
ENTRY DATE: Entered STN: 8 Mar 2008
Last Updated on STN: 2 Jul 2008
Entered Medline: 1 Jul 2008
ABSTRACT:
This study was to investigate the effect of donor liver adenoviral cardiotrophin-1 (CT-1) gene transfer on early graft survival and function in rat small-for-size liver transplantation. We constructed a recombinant murine CT-1 adenoviral vector. Donor rats were transduced in vivo with adenoviruses

expressing CT-1 (AdCT-1) or control vector (AdEGFP). Livers were harvested 4 days later, reduced to 40% of weight, and transplanted. A syngeneic rat orthotopic liver transplantation model was performed using 40% small-for-size grafts. Graft survival, liver function, hepatic architecture change, the degree of necrosis and apoptosis, and cell survival signaling pathways were assessed. AdCT-1 pretreatment markedly improved liver function and the survival of small-for-size grafts. In the CT-1 treatment group, hepatic architecture was well protected, apoptotic and necrotic cells were reduced; anti-apoptotic protein bcl-2 was up-regulated and pro-apoptotic cleaved caspase-3 was down-regulated, cell survival signaling pathways were activated by phosphorylation of protein kinase B (Akt), extracellular-regulated kinase (ERK) and Signal transducer and activator of transcription-3 (Stat-3) after transplantation. In conclusion, donor liver adenoviral CT-1 transfer ameliorated ischemia/reperfusion injury by decreasing hepatic necrosis and apoptosis in small-for-size liver transplantation, mediated in part by activation of the Akt, ERK, and Stat-3 survival signaling pathways. These results may provide a potential clinical strategy to improve the outcome of small-for-size liver grafts.

CONTROLLED TERM: Check Tags: Male
*Adenoviridae: GE, genetics
Animals
*Cytokines: GE, genetics
Gene Expression
*Graft Survival: PH, physiology
*Liver Transplantation: PH, physiology
Rats
Rats, Inbred Lew
*Reperfusion Injury
Signal Transduction
*Transduction, Genetic

CHEMICAL NAME: 0 (Cytokines); 0 (cardiotrophin 1)

L136 ANSWER 6 OF 31 MEDLINE on STN DUPLICATE 2

ACCESSION NUMBER: 2007268450 MEDLINE Full-text

DOCUMENT NUMBER: PubMed ID: 17417648

TITLE: Cyclic AMP-regulated exocytosis of Escherichia coli from infected bladder epithelial cells.

AUTHOR: Bishop Brian L; Duncan Mathew J; Song Jeongmin; Li Guojie; Zaas David; Abraham Soman N

CORPORATE SOURCE: Department of Molecular Genetics and Microbiology, Duke University Medical Center, Durham, North Carolina 27710, USA.

CONTRACT NUMBER: R01 AI-35678 (United States NIAID)
R21 AI056101 (United States NIAID)
R37DK50814 (United States NIDDK)

SOURCE: Nature medicine, (2007 May) Vol. 13, No. 5, pp. 625-30. Electronic Publication: 2007-04-08. Journal code: 9502015. ISSN: 1078-8956.

COMMENT: Comment in: Nat Med. 2007 May;13(5):531-2. PubMed ID: 17479092

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE) (RESEARCH SUPPORT, N.I.H., EXTRAMURAL)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200709

ENTRY DATE: Entered STN: 5 May 2007
Last Updated on STN: 18 Sep 2007
Entered Medline: 17 Sep 2007

ABSTRACT:

The superficial bladder epithelium is a powerful barrier to urine and also serves as a regulator of bladder volume, which is achieved by apical exocytosis of specialized fusiform vesicles during distension of the bladder. We report that type 1 fimbriated uropathogenic Escherichia coli (UPEC) circumvents the bladder barrier by harboring in these Rab27b/CD63-positive and cAMP-regulatable fusiform vesicles within bladder epithelial cells (BECs). Incorporation of UPEC into BEC fusiform compartments enabled bacteria to escape elimination during voiding and to re-emerge in the urine as the bladder distended. Notably, treatment of UPEC-infected mice with a drug that increases intracellular cAMP and induces exocytosis of fusiform vesicles reduced the number of intracellular E. coli.

CONTROLLED TERM: Animals
Bacterial Adhesion: DE, drug effects
Bacterial Adhesion: PH, physiology
*Cyclic AMP: PD, pharmacology
Escherichia coli: DE, drug effects
*Escherichia coli: PH, physiology
*Escherichia coli Infections: PC, prevention & control
*Exocytosis: DE, drug effects
Humans
Mice
Urinary Bladder: DE, drug effects
*Urinary Bladder: MI, microbiology
Urinary Tract Infections: PC, prevention & control
Urothelium: DE, drug effects
*Urothelium: MI, microbiology

CAS REGISTRY NO.: 60-92-4 (Cyclic AMP)

L136 ANSWER 7 OF 31 MEDLINE on STN DUPLICATE 4

ACCESSION NUMBER: 2007674653 MEDLINE Full-text

DOCUMENT NUMBER: PubMed ID: 17710226

TITLE: TLR4-initiated and cAMP-mediated abrogation of bacterial invasion of the bladder.

AUTHOR: Song Jeongmin; Bishop Brian L; Li Guojie ; Duncan Matthew J; Abraham Soman N

CORPORATE SOURCE: Department of Molecular Genetics and Microbiology, Duke University Medical Center, Durham, NC 27710, USA.

CONTRACT NUMBER: AI 056101 (United States NIAID)
AI 150021 (United States NIAID)
DK 050814 (United States NIDDK)
R01 AI050021-07 (United States NIAID)
R21 AI056101-02 (United States NIAID)
R37 DK050814-31S1 (United States NIDDK)

SOURCE: Cell host & microbe, (2007 Jun 14) Vol. 1, No. 4, pp. 287-98.
Journal code: 101302316. E-ISSN: 1934-6069.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, N.I.H., EXTRAMURAL)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200712

ENTRY DATE: Entered STN: 20 Nov 2007
Last Updated on STN: 18 Dec 2007
Entered Medline: 14 Dec 2007

ABSTRACT:

The remarkable resistance of the urinary tract to infection has been attributed to its physical properties and the innate immune responses triggered by pattern recognition receptors lining the tract. We report a distinct TLR4 mediated mechanism in bladder epithelial cells (BECs) that abrogates bacterial invasion,

a necessary step for successful infection. Compared to controls, uropathogenic type 1 fimbriated Escherichia coli and Klebsiella pneumoniae invaded BECs of TLR4 mutant mice in 10-fold or greater numbers. TLR4 mediated suppression of bacterial invasion was linked to increased intracellular cAMP levels which negatively impacted Rac-1 mediated mobilization of the cytoskeleton. Artificially increasing intracellular cAMP levels in BECs of TLR4 mutant mice restored resistance to type 1 fimbriated bacterial invasion. This finding reveals a novel function for TLR4 and another facet of bladder innate defense.
CONTROLLED TERM: Animals
*Bacterial Infections: PC, prevention & control
*Cyclic AMP: PH, physiology
Escherichia coli: PY, pathogenicity
Gram-Negative Bacterial Infections: PC, prevention & control
Humans
Klebsiella pneumoniae: PY, pathogenicity
Mice
Mice, Inbred C3H
*Toll-Like Receptor 4: PH, physiology
*Urinary Bladder: MI, microbiology
*Urinary Bladder: PH, physiology
*Urinary Bladder Diseases: PC, prevention & control
*Urinary Tract Infections: PC, prevention & control
Urothelium: MI, microbiology
CAS REGISTRY NO.: 60-92-4 (Cyclic AMP)
CHEMICAL NAME: 0 (Tlr4 protein, mouse); 0 (Toll-Like Receptor 4)

L136 ANSWER 8 OF 31 MEDLINE on STN DUPLICATE 5
ACCESSION NUMBER: 2007244833 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 17454080
TITLE: Effects of static magnetic fields on the physical and chemical properties of cell culture medium RPM1 1640.
AUTHOR: Li Farong; Song Jianping; Qi Hao; Sui Feng; Li Guian; Wang Qiang
CORPORATE SOURCE: School of Electrical and Communication Engineering, Xi'an Jiaotong University. Xi'an. P.R. China.. lifarong@snnu.edu.cn
SOURCE: Electromagnetic biology and medicine, (2007) Vol. 26, No. 1, pp. 25-32.
Journal code: 101133002. ISSN: 1536-8378.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200706
ENTRY DATE: Entered STN: 25 Apr 2007
Last Updated on STN: 13 Jun 2007
Entered Medline: 12 Jun 2007
ABSTRACT:
RPMI 1640 culture medium was chosen to simulate body fluids, and after exposure to 0.085 approximately 0.092 T static magnetic fields (SMF), surface tension, pH, dissolved oxygen, and UV-visible spectrum were measured. Compared with the control group in the normal geomagnetic field, the pH value increased about 0.14 units, dissolved oxygen increased about 14%, and the UV-visible spectra were different in peak intensity but without a shift in the peak. Surface tension showed no significant difference in the two groups. This data suggests that SMF can change some of the physical and chemical properties of RPM1 1640 solution, and may contribute to understanding biological effects of SMF.
CONTROLLED TERM: Cell Line, Tumor

*Culture Media: RE, radiation effects
*Electromagnetic Fields
Humans
Hydrogen-Ion Concentration
Light
Magnetics
Models, Chemical
Models, Statistical
Oxygen: ME, metabolism
Physics: MT, methods
Spectrophotometry, Ultraviolet
Surface Properties
Ultraviolet Rays
CAS REGISTRY NO.: 7782-44-7 (Oxygen)
CHEMICAL NAME: 0 (Culture Media)

L136 ANSWER 9 OF 31 MEDLINE on STN DUPLICATE 7
ACCESSION NUMBER: 2004346098 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 15249221
TITLE: Identification of a novel transcript of human PECAM-1 and its role in the transendothelial migration of monocytes and Ca2+ mobilization.
AUTHOR: Wei Heming; Song Jie; Fang Lu; Li Guodong ; Chatterjee Subroto
CORPORATE SOURCE: Laboratory of Atherosclerosis and Vascular Biology, Johns Hopkins Singapore-National Heart Centre Vascular Biology Program, National Heart Centre of Singapore, Singapore.
SOURCE: Biochemical and biophysical research communications, (2004 Aug 6) Vol. 320, No. 4, pp. 1228-35.
Journal code: 0372516. ISSN: 0006-291X.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200409
ENTRY DATE: Entered STN: 14 Jul 2004
Last Updated on STN: 11 Sep 2004
Entered Medline: 10 Sep 2004

ABSTRACT:
Platelet-endothelial cell adhesion molecule-1 (PECAM-1) is an integral component of endothelial cells and has been implicated in the transendothelial migration (TEM) of circulating leukocytes mediated by its 1st and 2nd extracellular immunoglobulin (Ig)-like domains and regulation of intracellular Ca(2+) homeostasis with its 6th domain. Up-to-date, little is known about the role of the 5th extracellular (Ig)-like domain. We have discovered a novel human PECAM-1 transcript missing the entire 7th exon, which encodes the 5th extracellular (Ig)-like domain of PECAM-1. A synthetic peptide with sequence homology to the 5th domain of PECAM-1 (JHS-7 peptide) and a corresponding polyclonal antibody (JHS-7 Ab) were prepared and their potential role in transendothelial migration and Ca(2+) influx was measured. The JHS-7 peptide and the antibody exerted a dose dependent decrease (50-80%) in the transendothelial migration of freshly isolated human monocytes and a promonocytic cell line (U-937) in resting HUVECs and HUVECs activated with tumor necrosis factor-alpha. This was accompanied by an increase in Ca(2+) influx and decrease in refilling of the intracellular Ca(2+) stores in HUVECs. In summary, we have identified a novel PECAM-1 transcript (Deltaexon 7) and shown that the 5th (Ig)-like domain of PECAM-1 plays a role in monocyte TEM and Ca(2+) homeostasis.
CONTROLLED TERM: Amino Acid Sequence

Amino Acid Substitution
*Antigens, CD31: CH, chemistry
*Antigens, CD31: ME, metabolism
*Calcium: ME, metabolism
*Cell Movement: PH, physiology
Cells, Cultured
Endothelium, Vascular: CY, cytology
*Endothelium, Vascular: ME, metabolism
Humans
Molecular Sequence Data
Monocytes: CY, cytology
*Monocytes: PH, physiology
Protein Structure, Tertiary
Recombinant Proteins: GE, genetics
Recombinant Proteins: ME, metabolism
Structure-Activity Relationship
Transcription, Genetic: GE, genetics
U937 Cells

CAS REGISTRY NO.: 7440-70-2 (Calcium)
CHEMICAL NAME: 0 (Antigens, CD31); 0 (Recombinant Proteins)

L136 ANSWER 10 OF 31 MEDLINE on STN
ACCESSION NUMBER: 2007258094 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 17465679
TITLE: A novel TLR4-mediated signaling pathway leading to IL-6 responses in human bladder epithelial cells.
AUTHOR: Song Jeongmin; Duncan Matthew J; Li Guojie; Chan Cheryl; Grady Richard; Stapleton Ann; Abraham Soman N
CORPORATE SOURCE: Department of Molecular Genetics and Microbiology, Duke University Medical Center, Durham, North Carolina, United States of America.
CONTRACT NUMBER: AI 056101 (United States NIAID)
AI 150021 (United States NIAID)
DK 050814 (United States NIDDK)
SOURCE: PLoS pathogens, (2007 Apr) Vol. 3, No. 4, pp. e60.
Journal code: 101238921. E-ISSN: 1553-7374.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, N.I.H., EXTRAMURAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200705
ENTRY DATE: Entered STN: 1 May 2007
Last Updated on STN: 24 May 2007
Entered Medline: 23 May 2007

ABSTRACT:
The vigorous cytokine response of immune cells to Gram-negative bacteria is primarily mediated by a recognition molecule, Toll-like receptor 4 (TLR4), which recognizes lipopolysaccharide (LPS) and initiates a series of intracellular NF-kappaB-associated signaling events. Recently, bladder epithelial cells (BECs) were reported to express TLR4 and to evoke a vigorous cytokine response upon exposure to LPS. We examined intracellular signaling events in human BECs leading to the production of IL-6, a major urinary cytokine, following activation by Escherichia coli and isolated LPS. We observed that in addition to the classical NF-kappaB-associated pathway, TLR4 triggers a distinct and more rapid signaling response involving, sequentially, Ca(2+), adenylyl cyclase 3-generated cAMP, and a transcriptional factor, cAMP response element-binding protein. This capacity of BECs to mobilize secondary messengers and evoke a more rapid IL-6 response might be critical in their role

as first responders to microbial challenge in the urinary tract.
CONTROLLED TERM: Adenylate Cyclase: GE, genetics
CREB-Binding Protein: ME, metabolism
Calcium: ME, metabolism
Cyclic AMP: ME, metabolism
Epithelial Cells: IM, immunology
Epithelial Cells: ME, metabolism
Epithelial Cells: MI, microbiology
Escherichia coli: GE, genetics
*Escherichia coli: IM, immunology
*Escherichia coli Infections: IM, immunology
Fimbriae, Bacterial: IM, immunology
Humans
*Interleukin-6: ME, metabolism
Lipopolysaccharides: PD, pharmacology
NF-kappa B: ME, metabolism
Phosphorylation
RNA, Bacterial
*Signal Transduction: IM, immunology
*Toll-Like Receptor 4: ME, metabolism
Urinary Bladder: CY, cytology
*Urinary Bladder: IM, immunology
Urinary Bladder: MI, microbiology
CAS REGISTRY NO.: 60-92-4 (Cyclic AMP); 7440-70-2 (Calcium)
CHEMICAL NAME: 0 (CREBBP protein, human); 0 (Interleukin-6); 0 (Lipopolysaccharides); 0 (NF-kappa B); 0 (RNA, Bacterial); 0 (TLR4 protein, human); 0 (Toll-Like Receptor 4); EC 2.3.1.48 (CREB-Binding Protein); EC 4.6.1.1 (Adenylate Cyclase)

L136 ANSWER 11 OF 31 MEDLINE on STN
ACCESSION NUMBER: 2006616193 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 17048654
TITLE: Effect of andrographolide on QS regulating virulence factors production in Pseudomonas aeruginosa.
AUTHOR: Li Hong-tao; Qin Hui-min; Wang Wei-hua; Li Guo-jun ; Wu Chun-ming; Song Jian-xin
CORPORATE SOURCE: Tongji Hospital, Huazhong University of Science and Technology, Wuhan 430030, China.
SOURCE: Zhongguo Zhong yao za zhi = Zhongguo zhongyao zazhi = China journal of Chinese materia medica, (2006 Jun) Vol. 31, No. 12, pp. 1015-7.
Journal code: 8913656. ISSN: 1001-5302.
PUB. COUNTRY: China
DOCUMENT TYPE: (ENGLISH ABSTRACT)
Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
LANGUAGE: Chinese
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200708
ENTRY DATE: Entered STN: 20 Oct 2006
Last Updated on STN: 17 Aug 2007
Entered Medline: 16 Aug 2007
ABSTRACT:
OBJECTIVE: To investigate the effect of andrographolide on virulence factors production in Pseudomonas aeruginosa. METHOD: Growth rate, pyocyanin, proteolytic activity and elastase activity were measured with or without the presence of andrographolide. The effect of andrographolide on pyocyanin production, proteolytic activity and elastase activity in PAO-JP2 was investigated simultaneously. RESULT: The andrographolide did not affect the

growth of PAO1 in planktonic culture. The production of pyocyanin, proteolytic activity and elastase activity were significanthy suppressed in P. aeruginosa cultures grown in the presence of andrographolide. However, these effects were not observed in PAO-JP2. CONCLUSION: The inhibiting effect of andrographolide on virulence factors production in P. aeruginosa may play a role in its anti-infection activity.

CONTROLLED TERM: Andrographis: CH, chemistry
*Anti-Bacterial Agents: PD, pharmacology
Diterpenes: IP, isolation & purification
*Diterpenes: PD, pharmacology
Pancreatic Elastase: ME, metabolism
Peptide Hydrolases: ME, metabolism
Plants, Medicinal: CH, chemistry
*Pseudomonas aeruginosa
Pseudomonas aeruginosa: GD, growth & development
Pseudomonas aeruginosa: ME, metabolism
Pseudomonas aeruginosa: PY, pathogenicity
Pyocyanine: ME, metabolism
*Virulence Factors: ME, metabolism

CAS REGISTRY NO.: 5508-58-7 (andrographolide); 85-66-5 (Pyocyanine)

CHEMICAL NAME: 0 (Anti-Bacterial Agents); 0 (Diterpenes); 0 (Virulence Factors); EC 3.4.- (Peptide Hydrolases); EC 3.4.21.36 (Pancreatic Elastase)

L136 ANSWER 12 OF 31 MEDLINE on STN

ACCESSION NUMBER: 2006428698 MEDLINE Full-text

DOCUMENT NUMBER: PubMed ID: 16850751

TITLE: Nutritional support treatment for severe chronic hepatitis and posthepatitic cirrhosis.

AUTHOR: Qin Huimin; Li Hongtao; Xing Mingyou; Wu Chunming; Li Guojun; Song Jianxin

CORPORATE SOURCE: Department of Infectious Diseases, Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China.

SOURCE: Journal of Huazhong University of Science and Technology. Medical sciences = Hua zhong ke ji da xue xue bao. Yi xue Ying De wen ban = Huazhong keji daxue xuebao. Yixue Yingdewen ban, (2006) Vol. 26, No. 2, pp. 217-20. Journal code: 101169627. ISSN: 1672-0733.

PUB. COUNTRY: China

DOCUMENT TYPE: (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE) (RESEARCH SUPPORT, NON-U.S. GOV'T)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200805

ENTRY DATE: Entered STN: 21 Jul 2006
Last Updated on STN: 12 Dec 2006
Entered Medline: 12 May 2008

ABSTRACT:
The therapeutic effectiveness of nutritional support in the treatment of severe chronic hepatitis and posthepatitic cirrhosis was evaluated. 143 patients with severe chronic hepatitis and 83 with posthepatitic cirrhosis were evaluated with SGA for assessing the nutritional status before the treatment. Patients with severe chronic hepatitis were divided into three groups: group A subject to enteral nutrition (EN) and parenteral nutrition (PN), group B subject to comprehensive treatment (CT)+PN; group C subject to CT+EN. The patients with posthepatitic cirrhosis were divided into two groups: group D receiving CT and group E receiving CT+PN+EN. The function of liver and kidney and nutritional status were monitored to assess the therapy in 6 weeks. The results showed

before treatment, over 90 % patients had moderate to severe malnutrition. After nutritional support, the liver function (ALT, T-bil) and nutritional status (TP, TC) in group A was improved significantly as compared with that in groups B and C ($P<0.05$). Compared with group D, the values of TP and Alb were increased significantly in group E ($P<0.05$), but the levels of ALT, AST and T-bil had no obvious change. It was suggested that most patients with severe chronic hepatitis or posthepatitic cirrhosis had malnutrition to varying degrees. The nutritional support treatment could obviously improve the nutritional status of these patients, and was helpful to ameliorate the liver function of the patients with severe chronic hepatitis. Among the methods of nutritional support treatment, PN combined with EN had the best effectiveness.

CONTROLLED TERM: Check Tags: Female; Male
Adolescent
Adult
Aged
Enteral Nutrition
Hepatitis B, Chronic: CO, complications
*Hepatitis B, Chronic: TH, therapy
Humans
Liver Cirrhosis: ET, etiology
Liver Cirrhosis: PP, physiopathology
*Liver Cirrhosis: TH, therapy
Liver Function Tests
Middle Aged
*Nutrition Assessment
Nutritional Status
*Nutritional Support: MT, methods
Parenteral Nutrition
Treatment Outcome

L136 ANSWER 13 OF 31 MEDLINE on STN
ACCESSION NUMBER: 1981249109 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 7256253
TITLE: Theory on prospect of population evolution processes.
AUTHOR: Song J; Yu J Y; Li G G
SOURCE: Scientia Sinica, (1981 Mar) Vol. 24, No. 3, pp. 431-44.
Journal code: 8209876. ISSN: 0250-7870.
Report No.: PIP-004467; POP-00089685.
PUB. COUNTRY: China
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals; Population
ENTRY MONTH: 198109
ENTRY DATE: Entered STN: 16 Mar 1990
Last Updated on STN: 1 Nov 2002
Entered Medline: 25 Sep 1981

ABSTRACT:
This paper is aimed at investigating the dynamic process of population growth applied to population of the People's Republic of China. The discrete and continuous models of population evolution process are revised and adjusted to suit the social conditions of China. The relationship between two kinds of models is established. A series of new formulae of demographic indices are studied and defined as functions on the negative space of generalized solutions of the population equation. Based on survey data collected in China for recent years, the prospect of population growth according to different projections is offered for a one-hundred-year period from now on. Population growth is a dynamic process described by a partial differential equation or a system of difference equations. The mathematical models available for investigating this dynamic process of population growth are explained. The discrete and continuous models of population evolution process are revised and adjusted to

suit the social conditions of China. Both models are verified retrospectively with survey data collected on a large scale in China over the past years. Mathematical formulae illustrate the discussion. According to the theory of differential or difference equations, population process projections can be made on the basis of numerical solution of these equations with appropriate initial coinditions and reasonably projected total fertility rates and age-distributed death rates. Using base data from 1978, trends in population growth in China for the next 100 years are made for different fertility levels. If the chinese population is to be kept at 1.1 billion in the future, a population policy encouraging each couple to have only 1 child must be followed consistently for several decades.

SUPPLEMENTARY TERM: Asia; China; Developing Countries; Eastern Asia; Estimation Technics; Mathematical Model; Models, Theoretical; Population Dynamics; Population Growth Estimation--statistics; Population Policy; Research Methodology; Sex Ratio

CONTROLLED TERM: Demography
Humans
Mathematics
*Models, Theoretical
*Population Growth

L136 ANSWER 14 OF 31 BIOSIS COPYRIGHT (c) 2008 The Thomson Corporation on STN DUPLICATE 3

ACCESSION NUMBER: 2007:541689 BIOSIS Full-text
DOCUMENT NUMBER: PREV200700545871
TITLE: A novel TLR4-mediated signaling pathway leading to IL-6 responses in human bladder epithelial cells.
AUTHOR(S): Song, Jeongmin; Duncan, Matthew J.; Li, Guojie; Chan, Cheryl; Grady, Richard; Stapleton, Ann; Abraham, Soman N. [Reprint Author]
CORPORATE SOURCE: Duke Univ, Ctr Med, Dept Mol Genet and Microbiol, Durham, NC USA
soman.abraham@duke.edu
SOURCE: PLoS Pathogens, (APR 2007) Vol. 3, No. 4, pp. 541-552. http://www.plospathogens.org.
ISSN: 1553-7366. E-ISSN: 1553-7374.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 17 Oct 2007
Last Updated on STN: 17 Oct 2007

ABSTRACT:The vigorous cytokine response of immune cells to Gram-negative bacteria is primarily mediated by a recognition molecule, Toll-like receptor 4 (TLR4), which recognizes lipopolysaccharide (LPS) and initiates a series of intracellular NF-kappa B-associated signaling events. Recently, bladder epithelial cells (BECs) were reported to express TLR4 and to evoke a vigorous cytokine response upon exposure to LPS. We examined intracellular signaling events in human BECs leading to the production of IL-6, a major urinary cytokine, following activation by Escherichia coli and isolated LPS. We observed that in addition to the classical NF-kappa B-associated pathway, TLR4 triggers a distinct and more rapid signaling response involving, sequentially, Ca2+, adenylyl cyclase 3-generated cAMP, and a transcriptional factor, cAMP response element-binding protein. This capacity of BECs to mobilize secondary messengers and evoke a more rapid IL-6 response might be critical in their role as first responders to microbial challenge in the urinary tract.

CONCEPT CODE: Cytology - Human 02508
Biochemistry studies - General 10060

Biochemistry studies - Nucleic acids, purines and pyrimidines 10062
Biochemistry studies - Proteins, peptides and amino acids 10064
Biochemistry studies - Lipids 10066
Biochemistry studies - Carbohydrates 10068
Biochemistry studies - Minerals 10069
Enzymes - General and comparative studies: coenzymes 10802
Urinary system - Physiology and biochemistry 15504
Physiology and biochemistry of bacteria 31000

INDEX TERMS: Major Concepts
Biochemistry and Molecular Biophysics; Urinary System (Chemical Coordination and Homeostasis)

INDEX TERMS: Parts, Structures, & Systems of Organisms
urinary tract: excretory system

INDEX TERMS: Chemicals & Biochemicals
interleukin-6; lipopolysaccharide; nuclear factor-kappa-B; adenylyl cyclase [EC 4.6.1.1]; cyclic AMP; calcium (II) ion; cAMP response element-binding protein; toll-like receptor 4 [TLR4]

ORGANISM: Classifier
Enterobacteriaceae 06702
Super Taxa
Facultatively Anaerobic Gram-Negative Rods; Eubacteria; Bacteria; Microorganisms
Organism Name
Escherichia coli (species)
Taxa Notes
Bacteria, Eubacteria, Microorganisms

ORGANISM: Classifier
Hominidae 86215
Super Taxa
Primates; Mammalia; Vertebrata; Chordata; Animalia
Organism Name
BEC cell line (cell_line): human bladder epithelial cells
Taxa Notes
Animals, Chordates, Humans, Mammals, Primates, Vertebrates

REGISTRY NUMBER: 9012-42-4 (adenylyl cyclase)
9012-42-4 (EC 4.6.1.1)
60-92-4 (cyclic AMP)
14127-61-8 (calcium (II) ion)

L136 ANSWER 15 OF 31 BIOSIS COPYRIGHT (c) 2008 The Thomson Corporation on STN

ACCESSION NUMBER: 2006:592059 BIOSIS Full-text
DOCUMENT NUMBER: PREV200600585673
TITLE: A practical total synthesis of Eudistomin analogs.
AUTHOR(S): Peng, Zuozhong [Reprint Author]; Song, Ji; Liao, Wensheng; Ma, Rujian; Chen, Shu-Hui; Li, Ge; Ando, Ryoichi
CORPORATE SOURCE: WuXi Pharmaceut Co Ltd, Shanghai 200131, Peoples R China
liao_wensheng@pharmatechs.com
SOURCE: Abstracts of Papers American Chemical Society, (MAR 26 2006) Vol. 231, pp. 445-ORGN.
Meeting Info.: 231st National Meeting of the American-Chemical-Society. Atlanta, GA, USA. March 26 -30, 2006. Amer Chem Soc.

CODEN: ACSRAL. ISSN: 0065-7727.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LANGUAGE: English
ENTRY DATE: Entered STN: 8 Nov 2006
Last Updated on STN: 8 Nov 2006
CONCEPT CODE: General biology - Symposia, transactions and proceedings 00520
Pathology - Therapy 12512
Virology - General and methods 33502
Medical and clinical microbiology - Virology 36006
Chemotherapy - General, methods and metabolism 38502
Chemotherapy - Antiviral agents 38506
Pharmacognosy and pharmaceutical botany 54000
INDEX TERMS: Major Concepts
Infection; Pharmacognosy (Pharmacology)
INDEX TERMS: Diseases
Herpes simplex virus infection: viral disease, drug therapy, etiology
INDEX TERMS: Chemicals & Biochemicals
oxathiazepine; Eudistomin analog L: antiinfective-drug, antiviral-drug, dosage, synthesis; Eudistomin analog K: antiinfective-drug, antiviral-drug, dosage, synthesis; Eudistomin analog C: antiinfective-drug, antiviral-drug, dosage, synthesis; Eudistomin analog E: antiinfective-drug, antiviral-drug, dosage, synthesis; Eudistomin analog F: antiinfective-drug, antiviral-drug, dosage, synthesis
ORGANISM: Classifier
Herpesviridae 03115
Super Taxa
dsDNA Viruses; Viruses; Microorganisms
Organism Name
Herpes simplex virus (common): pathogen
Taxa Notes
Double-Stranded DNA Viruses, Microorganisms, Viruses
ORGANISM: Classifier
Urochordata 85104
Super Taxa
Protochordata; Chordata; Animalia
Organism Name
Eudistoma olivaceum (species)
Taxa Notes
Animals, Chordates, Invertebrates, Protochordates

L136 ANSWER 16 OF 31 BIOSIS COPYRIGHT (c) 2008 The Thomson Corporation on STN
ACCESSION NUMBER: 2005:109434 BIOSIS Full-text
DOCUMENT NUMBER: PREV200500109815
TITLE: Randomized controlled trial of dihydroartemisinin piperaquine phosphate tablet in treatment of uncomplicated falciparum malaria.
AUTHOR(S): Song Jian-ping [Reprint Author]; Fu Lin-chun; Tan Bo; Li Guo-Qiao
CORPORATE SOURCE: Inst Trop Med, Guangzhoun Univ Tradit Chinese Med, Guangzhou, Guangdong, 510405, China
songjpgz@sina.com
SOURCE: Zhongguo Xinyao yu Linchuang Zazhi, (November 2004) Vol. 23, No. 11, pp. 783-785. print.
ISSN: 1007-7669 (ISSN print).

DOCUMENT TYPE: Article
LANGUAGE: Chinese
ENTRY DATE: Entered STN: 16 Mar 2005
Last Updated on STN: 16 Mar 2005

ABSTRACT:AIM: To explore the effect and safety of dihydroartemisinin piperaquine (DP) phosphate tablet in treatment of uncomplicated falciparum malaria in battambang of Combodia. METHODS: Fifty patients with uncomplicated falciparum lalaria were randomly divided into two groups: DP group (n = 25) and compound dihydroartemisinin (CD) group(n = 25). The adult patients were treated with DP or artecom with a total dosage of 8 tables, qid, for 2 d. The cured rate, recrudes cence rate, mean parasite clearance time, mean fever clearance time, and adverse reactions were observed. RESULTS: The mean parasite clearance time (PCT) was (36+/-20) h in DP group and (36+/-17) h in artecom group. The mean fever clearance time (FCT) was (42+/-25) h in DP group and (31+/-20) h in CD group. The cured rate for 28-d follow-up was 100 % in DP group and 96% in CD group. The patients had good tolerance to both drugs. A few patents felt nausea and epigastric pain. CONCLUSION: Both dihydroartemisinin compounds-Artekin and Artecom have high, fast effect, low toxicity and good tolerance and compliance for patients with falciparum malaria, Artekin is recommended for uncomplicated falciparum malaria considering to the cost of the drug and its mild adverse reaction.

CONCEPT CODE: Biochemistry studies - General 10060
Pathology - Therapy 12512
Pharmacology - General 22002
Pharmacology - Clinical pharmacology 22005
Toxicology - Pharmacology 22504
Chemotherapy - General, methods and metabolism 38502
Chemotherapy - Antiparasitic agents 38510
Parasitology - General 60502
Parasitology - Medical 60504
Invertebrata: comparative, experimental morphology, physiology and pathology - Protozoa 64002

INDEX TERMS: Major Concepts
Infection; Parasitology; Pharmacology

INDEX TERMS: Diseases
falciparum malaria: parasitic disease, drug therapy
Malaria, Falciparum (MeSH)

INDEX TERMS: Chemicals & Biochemicals
artecom: antiinfective-drug, antiparasitic-drug, drug tolerance; dihydroartemisinin: antiinfective-drug, antiparasitic-drug, adverse effects, drug efficacy, drug tolerance; piperaquine: antiinfective-drug, antiparasitic-drug, adverse effects, drug efficacy, drug tolerance; trimethoprim: antiinfective-drug, antiparasitic-drug, enzyme inhibitor-drug, adverse effects, drug efficacy, drug tolerance

INDEX TERMS: Miscellaneous Descriptors
dose regimen; parasitic clearance time; patient compliance

GEOGRAPHICAL TERMS: Cambodia (Asia, Oriental region)

ORGANISM: Classifier
Hominidae 86215
Super Taxa
Primates; Mammalia; Vertebrata; Chordata; Animalia
Organism Name
human (common): adult, host
Taxa Notes
Animals, Chordates, Humans, Mammals, Primates, Vertebrates

ORGANISM: Classifier

Sporozoa 35400
Super Taxa
Protozoa; Invertebrata; Animalia
Organism Name
Plasmodium falciparum (species): parasite
Taxa Notes
Animals, Invertebrates, Microorganisms, Protozoans
REGISTRY NUMBER: 509149-21-7 (artecom)
71939-50-9 (dihydroartemisinin)
4085-31-8 (piperaquine)
738-70-5 (trimethoprim)

L136 ANSWER 17 OF 31 BIOSIS COPYRIGHT (c) 2008 The Thomson Corporation on STN
ACCESSION NUMBER: 2002:535239 BIOSIS Full-text
DOCUMENT NUMBER: PREV200200535239
TITLE: Establishment of a cell line from the hemocytes of Xestia c-nigrum L. (Lepidoptera: Noctuidae).
AUTHOR(S): Li Chang-You [Reprint author]; Zheng Gui-Ling [Reprint author]; Wang Xiao-Yun [Reprint author]; Song Jie [Reprint author]; Li Guo-Xun
CORPORATE SOURCE: Department of Plant Protection, Northeast Agricultural University, Harbin, 150030, China
SOURCE: Acta Entomologica Sinica, (April, 2002) Vol. 45, No. 2, pp. 279-282. print.
CODEN: KCHPA2. ISSN: 0454-6296.
DOCUMENT TYPE: Article
LANGUAGE: Chinese
ENTRY DATE: Entered STN: 16 Oct 2002
Last Updated on STN: 16 Oct 2002
ABSTRACT:A new insect cell line, NEAU-Xc-960716H, was established from Xestia c-nigrum larval hemocytes through successive passage over 70 generations since July 1996. The cells were classified into two types: spherical and spindle. The population doubling time of the cell line was about 63 hours. The chromosomes were condensed short rods and round, typical in lepidopteran cell lines. The isozyme pedigree of esterase was different from the embryonic cell lines NEAU-Xc-730E of Xestia c-nigrum and IPLB-SF-21. The cell line was susceptible to Xestia c-nigrum nuclear polyhedrosis virus (XcNPV), although at a low level.
CONCEPT CODE: Cytology - General 02502
Cytology - Animal 02506
Enzymes - General and comparative studies: coenzymes 10802
Blood - Blood and lymph studies 15002
Blood - Blood cell studies 15004
Development and Embryology - General and descriptive 25502
Virology - Animal host viruses 33506
Immunology - General and methods 34502
Invertebrata: comparative, experimental morphology, physiology and pathology - Insecta: physiology 64076
INDEX TERMS: Major Concepts
Cell Biology
INDEX TERMS: Parts, Structures, & Systems of Organisms
chromosome; hemocyte: blood and lymphatics, immune system
INDEX TERMS: Chemicals & Biochemicals
esterase
INDEX TERMS: Miscellaneous Descriptors
isozyme pedigree; population doubling time

ORGANISM: Classifier
Baculoviridae 03114
Super Taxa
dsDNA Viruses; Viruses; Microorganisms
Organism Name
Xestia c-nigrum nuclear polyhedrosis virus
Taxa Notes
Double-Stranded DNA Viruses, Microorganisms, Viruses
ORGANISM: Classifier
Lepidoptera 75330
Super Taxa
Insecta; Arthropoda; Invertebrata; Animalia
Organism Name
IPLB-SF-21 cell line
NEAU-Xc-730E cell line
NEAU-Xc-960716H cell line: Xestia c-nigrum larval hemocyte
Xestia c-nigrum: larva
Taxa Notes
Animals, Arthropods, Insects, Invertebrates
REGISTRY NUMBER: 9013-79-0Q (esterase)
9016-18-6Q (esterase)

L136 ANSWER 18 OF 31 BIOSIS COPYRIGHT (c) 2008 The Thomson Corporation on STN
ACCESSION NUMBER: 2002:594549 BIOSIS Full-text
DOCUMENT NUMBER: PREV200200594549
TITLE: High fatty acids promote cell growth and affect cytosolic CA2+ homeostasis in endothelial cells.
AUTHOR(S): Li, G.-D. [Reprint author]; Song, J. [Reprint author]; Tang, Y. [Reprint author]
CORPORATE SOURCE: National University Medical Institutes, NUS, Singapore, Singapore
SOURCE: Diabetologia, (August, 2001) Vol. 44, No. Supplement 1, pp. A 11. print.
Meeting Info.: 37th Annual Meeting of the European Association for the Study of Diabetes. Glasgow, Scotland, UK. September 09-13, 2001. European Association for the Study of Diabetes.
CODEN: DBTGAJ. ISSN: 0012-186X.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LANGUAGE: English
ENTRY DATE: Entered STN: 20 Nov 2002
Last Updated on STN: 20 Nov 2002
CONCEPT CODE: General biology - Symposia, transactions and proceedings 00520
Cytology - Animal 02506
Biochemistry studies - General 10060
Biochemistry studies - Nucleic acids, purines and pyrimidines 10062
Biochemistry studies - Proteins, peptides and amino acids 10064
Biochemistry studies - Lipids 10066
Biochemistry studies - Minerals 10069
Enzymes - General and comparative studies: coenzymes 10802
Metabolism - General metabolism and metabolic pathways 13002
Metabolism - Metabolic disorders 13020

Cardiovascular system - Physiology and biochemistry 14504
Cardiovascular system - Heart pathology 14506
Cardiovascular system - Blood vessel pathology 14508
Endocrine - General 17002
Endocrine - Pancreas 17008

INDEX TERMS: Major Concepts
Cardiovascular System (Transport and Circulation); Endocrine System (Chemical Coordination and Homeostasis); Metabolism

INDEX TERMS: Parts, Structures, & Systems of Organisms
cardiovascular system: circulatory system; cytosol; endothelial cells: circulatory system, growth

INDEX TERMS: Diseases
cardiovascular complication: heart disease, vascular disease, etiology

INDEX TERMS: Diseases
diabetes: endocrine disease/pancreas, metabolic disease, complications
Diabetes Mellitus (MeSH)

INDEX TERMS: Diseases
endothelial cell dysfunction: vascular disease

INDEX TERMS: Diseases
hyperlipidemia: metabolic disease
Hyperlipidemia (MeSH)

INDEX TERMS: Chemicals & Biochemicals
DNA; bradykinin: enzyme activator, receptor agonist; calcium ion: extracellular entry, homeostasis, intracellular mobilization, regulation; calcium ion-ATPase; nitric oxide: generation; nitric oxide synthase; oleate: fatty acid; palmitate: fatty acid; phospholipase C: regulation; thapsigargin

INDEX TERMS: Miscellaneous Descriptors
angiogenesis regulation; Meeting Abstract

ORGANISM: Classifier
Bovidae 85715

Super Taxa
Artiodactyla; Mammalia; Vertebrata; Chordata; Animalia

Organism Name
BAEC cell line: apoptosis, bovine arotic endothelial cells, growth, proliferation

Taxa Notes
Animals, Artiodactyls, Chordates, Mammals, Nonhuman Vertebrates, Nonhuman Mammals, Vertebrates

REGISTRY NUMBER: 58-82-2 (bradykinin)
14127-61-8 (calcium ion)
10102-43-9 (nitric oxide)
125978-95-2 (nitric oxide synthase)
115-06-0 (oleate)
143-20-4 (palmitate)
9001-86-9Q (phospholipase C)
63551-76-8Q (phospholipase C)
67526-95-8 (thapsigargin)

L136 ANSWER 19 OF 31 BIOSIS COPYRIGHT (c) 2008 The Thomson Corporation on STN

ACCESSION NUMBER: 1999:452899 BIOSIS Full-text
DOCUMENT NUMBER: PREV199900452899
TITLE: Effect of injury to endothelium by lipoperoxidation on the change of cAMP and NO content.
AUTHOR(S): Li Guiyuan [Reprint author]; Mi Xiaoyi [Reprint

author]; Song Jiye [Reprint author]
CORPORATE SOURCE: Department of Pathology, School of Basic Medical Sciences, China Medical University, Shenyang, 110001, China
SOURCE: Journal of China Medical University, (Feb., 1999) Vol. 28, No. 1, pp. 1-3. print.
CODEN: ZYDXEN. ISSN: 0258-4646.
DOCUMENT TYPE: Article
LANGUAGE: Chinese
ENTRY DATE: Entered STN: 26 Oct 1999
Last Updated on STN: 26 Oct 1999
ABSTRACT:Objective: To further understand the mechanism whereby lipoperoxide alters endothelial cell (EC) properties and make it clear whether the decrease effect of NO in atherosclerosis (AS) is caused by the decrease of NO content or activity. Methods: NO2- (the essential metabolite of NO) and cAMP were measured by Griess method and radioimmunological assay after the addition of diamide. In another series of experiments, cAMP elevating agents IBMX, Isoprenalin, ALF4- were added and NO2- in the medium was quantitated. Results: NO content increased in a dose dependent manner of diamide and cAMP changed in parallel with NO content when diamide concentration was lower; The amount of cAMP decreased significantly at the higher concentration of diamide (2.5 X 10-4mol/L). Selenium could antagonize the results above. NO production increased after the addition of cAMP elevating agents. Conclusion: The attenuation of NO effect in AS could not be caused by the reduction of NO content and the inactivation by superoxide or other factors may be involved in this process. cAMP as a second messenger might play a certain role in the NO synthesis.
CONCEPT CODE: Cardiovascular system - Blood vessel pathology 14508
Cytology - Animal 02506
External effects - Physical and mechanical effect 10612
Metabolism - Energy and respiratory metabolism 13003
Metabolism - General metabolism and metabolic pathways 13002
Metabolism - Lipids 13006
Metabolism - Proteins, peptides and amino acids 13012
Biochemistry studies - General 10060
Biochemistry studies - Nucleic acids, purines and pyrimidines 10062
Tissue culture, apparatus, methods and media 32500
Laboratory animals - General 28002
Biochemistry studies - Lipids 10066
INDEX TERMS: Major Concepts
Cardiovascular System (Transport and Circulation)
INDEX TERMS: Parts, Structures, & Systems of Organisms
aortic endothelial cells: circulatory system, lipoperoxidation-induced injury
INDEX TERMS: Chemicals & Biochemicals
cyclic AMP: endothelial cell content, lipoperoxidation injury-induced change; nitric oxide: endothelial cell content, lipoperoxidation injury-induced change
ORGANISM: Classifier
Suidae 85740
Super Taxa
Artiodactyla; Mammalia; Vertebrata; Chordata; Animalia
Organism Name
pig: animal model
Taxa Notes
Animals, Artiodactyls, Chordates, Mammals, Nonhuman Vertebrates, Nonhuman Mammals, Vertebrates
REGISTRY NUMBER: 60-92-4 (cyclic AMP)
10102-43-9 (nitric oxide)

L136 ANSWER 20 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN
ACCESSION NUMBER: 2008-M03486 [71] WPIX
DOC. NO. NON-CPI: N2008-886242 [71]
TITLE: Direct current protection testing and controlling system, has separating amplifier with output end connected to direct current protection testing and controlling unit through fiber
DERWENT CLASS: S01; T01; T06; U24; X13
INVENTOR: JIN Y; LI G; SONG J; WANG S; WU Y; ZHANG Z; ZHU D
PATENT ASSIGNEE: (TIAN-N) TIANJIN NEW TECHNOLOGY IND GARDEN ZHONGH
COUNTRY COUNT: 1

PATENT INFO ABBR.:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
CN 101257201	A	20080903	(200871)*	ZH	18[12]	

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 101257201 A		CN 2007-10300280	20071226

PRIORITY APPLN. INFO: CN 2007-20095227U 20070209

L136 ANSWER 21 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN
ACCESSION NUMBER: 2008-L33688 [67] WPIX
DOC. NO. NON-CPI: N2008-833970 [67]
TITLE: Lift monitoring device, has multiple lift main controllers whose signal is transmitted to lift controller ZigBee interface modules, where modules transmit received signal to lift monitoring centre computer
DERWENT CLASS: Q38; T01; T06; W01; X25
INVENTOR: JIANG Z; LI G; LV H; SONG J
PATENT ASSIGNEE: (SHAN-N) SHANGHAI XINSHIDA ELECTRICAL CO LTD
COUNTRY COUNT: 1

PATENT INFO ABBR.:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
CN 101249913	A	20080827	(200867)*	ZH	5[1]	

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 101249913 A		CN 2008-10032865	20080122

PRIORITY APPLN. INFO: CN 2008-10032865 20080122

L136 ANSWER 22 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN
ACCESSION NUMBER: 2008-M03028 [71] WPIX

DOC. NO. CPI: C2008-364268 [71]
TITLE: Medical composition useful for treating or preventing malaria such as falciparum malaria, vivax malaria and quartan malaria, contains artemisinin, naphthoquine and primaquine or primaquine phosphate
DERWENT CLASS: A96; B02; B07
INVENTOR: LI G; SONG J
PATENT ASSIGNEE: (LIGG-I) LI G
COUNTRY COUNT: 1

PATENT INFO ABBR.:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
CN 101116665	A	20080206	(200871)*	ZH	8[0]	

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 101116665 A		CN 2006-10110050	20060804

PRIORITY APPLN. INFO: CN 2006-10110050 20060804
TECH
PHARMACEUTICALS - Preferred Ratio: The medical composition comprises the components in a ratio of 1:2-4:0.02-0.06. Preferred Components: The composition further comprises excipient, carrier such as hydroxypropyl cellulose or diluting agent. Preferred Formulation: The medical composition is prepared in the form of pill, capsule, granule, suppository, syrup, dry suspension or oral-taken solution, which is suitable for children. The active components can exist in the same preparation, two preparations or three preparations, and can be taken synchronously or orderly.

L136 ANSWER 23 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN
ACCESSION NUMBER: 2008-M13270 [72] WPIX
DOC. NO. CPI: C2008-367093 [72]
DOC. NO. NON-CPI: N2008-893846 [72]
TITLE: Acid-proof epoxy resin filling agent used for lead acid storage battery, and used in chemical engineering field, contains preset amount of epoxy resin, anhydride, tertiary amine and trivalent chromium complex
DERWENT CLASS: A21; A85; L03; X16
INVENTOR: CHEN W; LI G; SHI N; SONG J; ZHANG E
PATENT ASSIGNEE: (HEIL-N) HEILONGJIANG PETROLEUM CHEM ACAD
COUNTRY COUNT: 1

PATENT INFO ABBR.:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
CN 101100594	A	20080109	(200872)*	ZH	9[0]	

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 101100594 A		CN 2007-10138788	20070820

PRIORITY APPLN. INFO: CN 2007-10138788 20070820

TECH

ELECTRONICS - Preferred Device: A lead acid storage battery has lead polar column in which acid-proof epoxy resin filling agent is filled, and the surface is dried at room temperature for 4-6 hours and solidified at 25 for 7 days or 80 degrees C for 3 hours.

ORGANIC CHEMISTRY - Preferred Anhydride: The anhydride is alicyclic hydrocarbon containing anhydride chosen from methylhexahydrophthalic anhydride, methylnadic anhydride, methyl tetrahydrophthalic anhydride, methyl tetrahydrobenzoic anhydride or their mixtures. Preferred Amine: The tertiary amine is benzyl dimethylamine, benzoperoxide, or DMP-30 (RTM: tertiary amine accelerator). Preferred Process: The trivalent chromium complex is 2-ethylhexoic acid chromium that is obtained by adding aqueous solution of chromic nitrate into aqueous solution of 2-sodium ethylhexonoate, reacting mixture in hexane, washing 2-ethylhexoic acid chromium with 5% diluted sodium hydroxide and sodium carbonate, and drying under reduced pressure.

POLYMERS - Preferred Resin: The epoxy resin is bisphenol A epoxy resin such as E-51 epoxy resin, E-44 epoxy resin or E-39D epoxy resin.

L136 ANSWER 24 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN
ACCESSION NUMBER: 2008-D35559 [25] WPIX
DOC. NO. NON-CPI: N2008-263357 [25]
TITLE: Lift debugging instrument, has infrared interface module with infrared emitting and receiving module, and another infrared emitting and receiving module connected to main lift controller through cable
DERWENT CLASS: Q38; T06
INVENTOR: LI G; SONG J; WANG C; WANG R
PATENT ASSIGNEE: (SHAN-N) SHANGHAI XINSHIDA ELECTRICAL CO LTD
COUNTRY COUNT: 1

PATENT INFO ABBR.:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
CN 200997176	Y	20071226	(200825)*	ZH	5[1]	

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 200997176	Y	CN 2006-20048875U	20061213

PRIORITY APPLN. INFO: CN 2006-20048875U 20061213

L136 ANSWER 25 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN
ACCESSION NUMBER: 2008-B29643 [09] WPIX
DOC. NO. NON-CPI: N2008-100927 [09]
TITLE: Elevator debugger using infrared communication
DERWENT CLASS: Q38; W01
INVENTOR: LI G; SONG J; WANG C; WANG R
PATENT ASSIGNEE: (SHAN-N) SHANGHAI XINSHIDA ELECTRICAL CO LTD
COUNTRY COUNT: 1

PATENT INFO ABBR.:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
CN 101021972	A	20070822	(200809)*	ZH	[1]	

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 101021972 A		CN 2006-10119547	20061213

PRIORITY APPLN. INFO: CN 2006-10119547 20061213

L136 ANSWER 26 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN
ACCESSION NUMBER: 2007-626246 [60] WPIX
DOC. NO. NON-CPI: N2007-488107 [60]
TITLE: Boring system of rotary dual jet flows under high pressure, and rotary dual jet flows nozzle under high pressure
DERWENT CLASS: Q49
INVENTOR: HUANG Z; LI G; NIU J; SONG J
PATENT ASSIGNEE: (UYCH-N) UNIV CHINA PETROLEUM BEIJING
COUNTRY COUNT: 1

PATENT INFO ABBR.:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
CN 1959058	A	20070509	(200760)*	ZH	[1]	

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 1959058 A		CN 2005-10117352	20051102

PRIORITY APPLN. INFO: CN 2005-10117352 20051102

L136 ANSWER 27 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN
ACCESSION NUMBER: 2006-446815 [46] WPIX
DOC. NO. CPI: C2006-140218 [46]
DOC. NO. NON-CPI: N2006-366141 [46]
TITLE: Hydrogen oxygen hydrocarbon mixed gas generator
DERWENT CLASS: E36; J03; X25
INVENTOR: CHENG X; GAO M; HUANG Z; KANG B; LI G; LI S; SHA M; SONG J
PATENT ASSIGNEE: (NING-N) NINGBO KEDA HYDROGEN ENERGY EQUIP MFG CO LTD
COUNTRY COUNT: 1

PATENT INFO ABBR.:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
CN 1724709	A	20060125	(200646)*	ZH	[1]	

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 1724709 A		CN 2005-10050427	20050624

PRIORITY APPLN. INFO: CN 2005-10050427 20050624

L136 ANSWER 28 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN
ACCESSION NUMBER: 2004-822417 [82] WPIX

DOC. NO. CPI: C2004-286447 [82]
TITLE: Complex artemisia apiacea extract
DERWENT CLASS: B02
INVENTOR: LI G; SONG J
PATENT ASSIGNEE: (LIGG-I) LI G; (SONG-I) SONG J
COUNTRY COUNT: 107

PATENT INFO ABBR.:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
CN 1528309	A	20040915	(200482)*	ZH	[0]	
WO 2005030197	A1	20050407	(200524)	ZH		
CN 1255106	C	20060510	(200661)	ZH		
EP 1702616	A1	20060920	(200662)	EN		
BR 2004014296	A	20061107	(200674)	PT		
US 20060281785	A1	20061214	(200701)	EN		
IN 2006DN02258	P1	20070803	(200771)	EN		
ZA 2006002422	A	20071128	(200815)	EN	15	

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 1528309	A	CN 2003-146951	20030926
BR 2004014296	A	BR 2004-14296	20040920
EP 1702616	A1	EP 2004-762197	20040920
WO 2005030197	A1	WO 2004-CN1064	20040920
EP 1702616	A1	WO 2004-CN1064	20040920
BR 2004014296	A	WO 2004-CN1064	20040920
US 20060281785	A1	WO 2004-CN1064	20040920
IN 2006DN02258	P1	WO 2004-CN1064	20040920
IN 2006DN02258	P1	IN 2006-DN2258	20060424
US 20060281785	A1	US 2006-587277	20060725
ZA 2006002422	A	ZA 2006-2422	20040920

FILING DETAILS:

PATENT NO	KIND		PATENT NO	
EP 1702616	A1	Based on	WO 2005030197	A
BR 2004014296	A	Based on	WO 2005030197	A

PRIORITY APPLN. INFO: CN 2003-146951 20030926

L136 ANSWER 29 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN
ACCESSION NUMBER: 2003-780295 [74] WPIX
DOC. NO. NON-CPI: N2003-625031 [74]
TITLE: Gear-shifting control method for parallel hybrid vehicle
DERWENT CLASS: Q13; Q14; X21; X22
INVENTOR: LI G; SONG J; ZHANG X
PATENT ASSIGNEE: (UYBE-N) UNIV BEIFANG JIAOTONG; (UYBE-N) UNIV BEIJING JIAOTONG
COUNTRY COUNT: 1

PATENT INFO ABBR.:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
CN 1438137	A	20030827	(200374)*	ZH	[0]	

CN 1238210 C 20060125 (200655) ZH

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 1438137 A		CN 2003-102491	20030127

PRIORITY APPLN. INFO: CN 2003-102491 20030127

L136 ANSWER 30 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN
ACCESSION NUMBER: 1992-208741 [26] WPIX
DOC. NO. CPI: C1992-094780 [21]
TITLE: Paint for protection of buildings - contains epoxy* resin, epoxy:propane butyl-ether, amine adduct, polyamide, liquid butadiene*-acrylonitrile* rubber, etc.
DERWENT CLASS: A12; A21; A23; A82; G02
INVENTOR: LI G; SONG J; SUN J
PATENT ASSIGNEE: (SONG-I) SONG J
COUNTRY COUNT: 1

PATENT INFO ABBR.:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
CN 1054784	A	19910925	(199226)*	ZH		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 1054784 A		CN 1991-101836	19910321

PRIORITY APPLN. INFO: CN 1991-101836 19910321
DATA NOT AVAILABLE FOR THIS ACCESSION NUMBER

L136 ANSWER 31 OF 31 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2008469663 EMBASE Full-text
TITLE: Evaluation of conscious disturbance with EEG nonlinear analysis in patients with stroke.
AUTHOR: Wu, Dong-Yu
CORPORATE SOURCE: Department of Rehabilitation Medicine, Xuanwu Hospital, Capital Medical University, Beijing 100053, China.
AUTHOR: Liu, Lin; Song, Jiu-Jun; Yuan, Ying; Li, Guang-Qing; Cai, Gui; Song, Wei-Qun; Wang, Mao-Bin
CORPORATE SOURCE: songwq66@163.com
SOURCE: Chinese Journal of Cerebrovascular Diseases, (September 2008) Vol. 5, No. 9, pp. 385-389.
Refs: 26
ISSN: 1672-5921
PUBLISHER: Society of China University journals in Natural Sciences, Beijing Normal University, Beijing, 100083, China.
COUNTRY: China
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 008 Neurology and Neurosurgery
LANGUAGE: Chinese

SUMMARY LANGUAGE: Chinese; English
ENTRY DATE: Entered STN: 16 Oct 2008
Last Updated on STN: 16 Oct 2008

ABSTRACT: Objective: To establish an objective method to evaluate the degree of conscious disturbance with EEG nonlinear analysis and to investigate the rule of nonlinear dynamic changes in patients with conscious disturbance after stroke. Methods: Thirty patients with stroke complicated with disturbance of consciousness were selected as conscious disturbance group. All of the patients were evaluated by clinical, brainstem auditory evoked potential, somatosensory evoked potential, and routine EEG examination. Thirty patients had stroke with normal conscious state were used as the control group. The EEG signals of all the patients were collected under eyes closed, auditory stimulus (verbal and music) and painful stimulus (both side) states. Their nonlinear indexes such as complexity (Cx), approximate entropy (ApEn), and cross-approximate entropy (cross-ApEn) were calculated. Results: 1 The nonlinear indexes under the eyes closed state in the conscious disturbance and control groups were Cx: 0.25 ± 0.04 and 0.35 ± 0.08, ApEn: 0.54 ± 0.08 and 0.72 ± 0.12, and cross-ApEn: 0.69 ± 0.10 and 0.90 ± 0.11, respectively. There were significant differences between the two groups (all P <0.01). 2 As compared with eyes closed state, all the EEG nonlinear indexes under the auditory stimulus and painful stimulus states in the conscious disturbance group had almost no change (Cx: auditory stimulus 0.25 ± 0.04 and 0.26 ± 0.06, painful stimulus 0.25 ± 0.05 and 0.26 ± 0.05, P = 0.529); ApEn: auditory stimulus 0.52 ± 0.10 and 0.53 ± 0.12, painful stimulus 0.50 ± 0.11 and 0.55 ± 0.12, P = 0.9; and cross-ApEn: auditory stimulus 0.69 ± 0.13 and 0.67 ± 0.16, painful stimulus 0.66 ± 0.11 and 0.71 ± 0.12, P = 0.605). The nonlinear indexes of ApEn and cross-ApEn in the control group were increased significantly, but the changes of Cx were not significantly (Cx: auditory stimulus 0.37 ± 0.07 and 0.39 ± 0.08, painful stimulus 0.37 ± 0.08 and 0.39 ± 0.07, P = 0.205; ApEn: auditory stimulus 0.76 ± 0.11 and 0.79 ± 0.10, painful stimulus 0.74 ± 0.13 and 0.81 ± 0.10 P =0.017; cross-ApEn: auditory stimulus 0.93 ± 0.10 and 0.97 ± 0.09, painful stimulus 0.94 ± 0.13 and 1.00 + 0.11, P = 0.006). Conclusions: EEG nonlinear analysis can real-time monitor and quantitatively detect the degree of cerebral cortex suppression. The nonlinear indexes in patients with conscious disturbance were significantly lower than those in normal conscious state. EEG nonlinear analysis in combination with auditory and painful stimulus may describe the functional of changes of brain in patients with conscious disturbance more accurately.

CONTROLLED TERM: Medical Descriptors:
adolescent
adult
aged
article
auditory stimulation
brain function
*cerebrovascular accident
clinical article
*consciousness disorder: CO, complication
*consciousness disorder: DI, diagnosis
consciousness level
controlled study
electroencephalogram
*electroencephalography
entropy
evoked brain stem auditory response
evoked somatosensory response
female
human

male
nociceptive stimulation
nonlinear system
school child
SUPPLEMENTARY TERM: Cerebrovascular accident; Consciousness disorders; Electroencephalography; Nonlinear dynamics

TEXT SEARCH

```
=> FILE HCAPLUS

FILE 'HCAPLUS' ENTERED AT 17:18:52 ON 24 NOV 2008
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.
COPYRIGHT (C) 2008 AMERICAN CHEMICAL SOCIETY (ACS)


Copyright of the articles to which records in this database refer is
held by the publishers listed in the PUBLISHER (PB) field (available
for records published or updated in Chemical Abstracts after December
26, 1996), unless otherwise indicated in the original publications.
The CA Lexicon is the copyrighted intellectual property of the
the American Chemical Society and is provided to assist you in searching
databases on STN.  Any dissemination, distribution, copying, or storing
of this information, without the prior written consent of CAS, is
strictly prohibited.

FILE COVERS 1907 - 24 Nov 2008  VOL 149 ISS 22
FILE LAST UPDATED: 23 Nov 2008  (20081123/ED)

HCAplus now includes complete International Patent Classification (IPC)
reclassification data for the third quarter of 2008.

New CAS Information Use Policies, enter HELP USAGETERMS for details.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.

=> S L118 NOT L89
L137         6 L118 NOT L89

=> FILE MEDLINE

FILE 'MEDLINE' ENTERED AT 17:19:56 ON 24 NOV 2008

 FILE LAST UPDATED: 19 Nov 2008 (20081119/UP).  FILE COVERS 1949 TO DATE.

  MEDLINE has been updated with the National Library of Medicine's
  revised 2008 MeSH terms.  See HELP RLOAD for details.

  This file contains CAS Registry Numbers for easy and accurate
  substance identification.

  See HELP RANGE before carrying out any RANGE search.

  MEDLINE Accession Numbers (ANs) for records from 1950-1977 have
  been converted from 8 to 10 digits.  Searches using an 8 or 10 digit
  AN will retrieve the same record.  The 10-digit ANs can be expanded,
  searched, and displayed in all records from 1949 to the present.

=> S L122 NOT L92
L138         3 L122 NOT L92
```

```
=> FILE BIOSIS

FILE 'BIOSIS' ENTERED AT 17:20:27 ON 24 NOV 2008
Copyright (c) 2008 The Thomson Corporation

FILE COVERS 1926 TO DATE.
CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT
FROM JANUARY 1926 TO DATE.

RECORDS LAST ADDED: 19 November 2008 (20081119/ED)

BIOSIS has been augmented with 1.8 million archival records from 1926
through 1968.  These records have been re-indexed to match current
BIOSIS indexing.

=> S L127 NOT L95
L139         2 L127 NOT L95

=> FILE WPIX

FILE 'WPIX' ENTERED AT 17:20:51 ON 24 NOV 2008
COPYRIGHT (C) 2008 THOMSON REUTERS

FILE LAST UPDATED:          21 NOV 2008   <20081121/UP>
MOST RECENT UPDATE:           200875      <200875/DW>
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE
>>> Now containing more than 1.2 million chemical structures in DCR <<<

>>> IPC Reform backfile reclassifications have been loaded to end of
    September 2008. No update date (UP) has been created for the
    reclassified documents, but they can be identified by 20060101/UPIC,
    and 20061231/UPIC, 20070601/UPIC, 20071001/UPIC, 20071130/UPIC,
    20080401/UPIC, 20080701/UPIC and 20081001/UPIC.
    ECLA reclassifications to mid August and US national classification
    mid September 2008 have also been loaded. Update dates 20080401,
    20080701 and 20081001/UPEC and /UPNC have been assigned to these. <<

FOR A COPY OF THE DERWENT WORLD PATENTS INDEX STN USER GUIDE,
PLEASE VISIT:
http://www.stn-international.de/training_center/patents/stn_guide.pdf

FOR DETAILS OF THE PATENTS COVERED IN CURRENT UPDATES, SEE
http://scientific.thomsonreuters.com/support/patents/coverage/latestupdates/

EXPLORE DERWENT WORLD PATENTS INDEX IN STN ANAVIST, VERSION 2.0:
http://www.stn-international.com/archive/presentations/DWPIAnaVist2_0608.pdf

>>> HELP for European Patent Classifications see HELP ECLA, HELP ICO <<<

=> S L131 NOT L98
L140         1 L131 NOT L98

=> FILE EMBASE

FILE 'EMBASE' ENTERED AT 17:21:11 ON 24 NOV 2008
Copyright (c) 2008 Elsevier B.V. All rights reserved.

 FILE COVERS 1974 TO 24 Nov 2008 (20081124/ED)

 EMBASE was reloaded on March 30, 2008.
```

EMBASE is now updated daily. SDI frequency remains weekly (default) and biweekly.

This file contains CAS Registry Numbers for easy and accurate substance identification.

Beginning January 2008, Elsevier will no longer provide EMTREE codes as part of the EMTREE thesaurus in EMBASE. Please update your current-awareness alerts (SDIs) if they contain EMTREE codes.

For further assistance, please contact your local helpdesk.

```
=> S L135 NOT L101
L141        27 L135 NOT L101

=> FILE HCAPLUS

FILE 'HCAPLUS' ENTERED AT 17:21:51 ON 24 NOV 2008
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.
COPYRIGHT (C) 2008 AMERICAN CHEMICAL SOCIETY (ACS)
```



```
FILE COVERS 1907 - 24 Nov 2008  VOL 149 ISS 22
FILE LAST UPDATED: 23 Nov 2008  (20081123/ED)

HCAplus now includes complete International Patent Classification (IPC)
reclassification data for the third quarter of 2008.

New CAS Information Use Policies, enter HELP USAGETERMS for details.
```

This file contains CAS Registry Numbers for easy and accurate substance identification.

```
=> D QUE L137
L85 (      2431)SEA FILE=HCAPLUS ABB=ON  PLU=ON  ARTEMISININ
L86 (     24980)SEA FILE=HCAPLUS ABB=ON  PLU=ON  LI, G?/AU
L87 (     11393)SEA FILE=HCAPLUS ABB=ON  PLU=ON  SONG, J?/AU
L88 (        70)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L86 AND L87
L89           4 SEA FILE=HCAPLUS ABB=ON  PLU=ON  L85 AND L88
L102(      2431)SEA FILE=HCAPLUS ABB=ON  PLU=ON  ARTEMISININ
L103(       127)SEA FILE=HCAPLUS ABB=ON  PLU=ON  PIPERAQUINE
L104(      1570)SEA FILE=HCAPLUS ABB=ON  PLU=ON  PRIMAQUINE
L105(         7)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L102 AND L103 AND L104
L106(       522)SEA FILE=HCAPLUS ABB=ON  PLU=ON  ARTEANNUIN OR ARTEMISININE OR
                 QINGHAOSU OR QUING HAU SAU OR QUINGHAOSU
L107(       222)SEA FILE=HCAPLUS ABB=ON  PLU=ON  PRIMACIN OR (PRIMAQUINE)(2A)(D
                 IPHOSPHATE OR PHOSPHATE)
```

```
L108(      2731)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L102 OR L106
L109(      1570)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L107 OR L104
L110(         8)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L108 AND L103 AND L109
L111(       479)SEA FILE=HCAPLUS ABB=ON  PLU=ON  QINGHAOSU OR ARTEANNUIN OR
                 ARTEMEF OR ARTEMISINE OR HUANGHUAHAOSU OR NSC 369397OR QHS OR
                 QING HAU SU OR QINGHOSU
L112(      2740)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L108 OR L111
L113(         2)SEA FILE=HCAPLUS ABB=ON  PLU=ON  PIPERAQUINOLINE
L114(       129)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L103 OR L113
L115(        19)SEA FILE=HCAPLUS ABB=ON  PLU=ON  NEO-QUIPENYL OR NSC 27296 OR
                 PRIMACHIN OR PRIMAQUIN OR SN 13272 OR WR 2975
L116(      1583)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L109 OR L115
L117(         8)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L112 AND L114 AND L116
L118          7 SEA FILE=HCAPLUS ABB=ON  PLU=ON  L105 AND L110 AND L117
L137          6 SEA FILE=HCAPLUS ABB=ON  PLU=ON  L118 NOT L89


=> FILE MEDLINE

FILE 'MEDLINE' ENTERED AT 17:22:01 ON 24 NOV 2008

 FILE LAST UPDATED: 19 Nov 2008 (20081119/UP).  FILE COVERS 1949 TO DATE.

  MEDLINE has been updated with the National Library of Medicine's
  revised 2008 MeSH terms.  See HELP RLOAD for details.

  This file contains CAS Registry Numbers for easy and accurate
  substance identification.

  See HELP RANGE before carrying out any RANGE search.

  MEDLINE Accession Numbers (ANs) for records from 1950-1977 have
  been converted from 8 to 10 digits.  Searches using an 8 or 10 digit
  AN will retrieve the same record.  The 10-digit ANs can be expanded,
  searched, and displayed in all records from 1949 to the present.

=> D QUE L138
L90 (      5207)SEA FILE=MEDLINE ABB=ON  PLU=ON  LI, G?/AU
L91 (      3225)SEA FILE=MEDLINE ABB=ON  PLU=ON  SONG, J?/AU
L92           9 SEA FILE=MEDLINE ABB=ON  PLU=ON  L90 AND L91
L119(      2256)SEA FILE=MEDLINE ABB=ON  PLU=ON  ARTEMISININ?/CT
L120(       113)SEA FILE=MEDLINE ABB=ON  PLU=ON  PIPERAQUINE OR PIPERAQUINOLINE

L121(      1252)SEA FILE=MEDLINE ABB=ON  PLU=ON  PRIMAQUINE?/CT
L122          3 SEA FILE=MEDLINE ABB=ON  PLU=ON  L119 AND L120 AND L121
L138          3 SEA FILE=MEDLINE ABB=ON  PLU=ON  L122 NOT L92


=> FILE BIOSIS
FILE 'BIOSIS' ENTERED AT 17:22:14 ON 24 NOV 2008
Copyright (c) 2008 The Thomson Corporation

FILE COVERS 1926 TO DATE.
CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT
FROM JANUARY 1926 TO DATE.

RECORDS LAST ADDED: 19 November 2008 (20081119/ED)

BIOSIS has been augmented with 1.8 million archival records from 1926
through 1968.  These records have been re-indexed to match current
```

BIOSIS indexing.

```
=> D QUE L139
L93 (      5730)SEA FILE=BIOSIS ABB=ON  PLU=ON  LI, G?/AU
L94 (      3789)SEA FILE=BIOSIS ABB=ON  PLU=ON  SONG, J?/AU
L95          10 SEA FILE=BIOSIS ABB=ON  PLU=ON  L93 AND L94
L123(      1731)SEA FILE=BIOSIS ABB=ON  PLU=ON  ARTEMISININ
L124(      1978)SEA FILE=BIOSIS ABB=ON  PLU=ON  L123 OR ARTEANNUIN OR ARTEMISIN
                INE OR QINGHAOSU OR QUING HAU SAU OR ARTEMEF OR ARTEMISINE OR
                HUANGHUAHAOSU OR NSC 369397 OR QHS OR QING HAU SU OR QINGHOSU
L125(       101)SEA FILE=BIOSIS ABB=ON  PLU=ON  PIPERAQUINE OR PIPERAQUINOLINE

L126(      1626)SEA FILE=BIOSIS ABB=ON  PLU=ON  PRIMAQUINE OR PRIMACIN OR
                (PRIMAQUINE) (2A) (DIPHOSPHATE OR PHOSPHATE) OR NEO-QUIPENYL
                OR PRIMACHIN OR PRIMAQUIN
L127          2 SEA FILE=BIOSIS ABB=ON  PLU=ON  L124 AND L125 AND L126
L139          2 SEA FILE=BIOSIS ABB=ON  PLU=ON  L127 NOT L95


=> FILE WPIX

FILE 'WPIX' ENTERED AT 17:22:27 ON 24 NOV 2008
COPYRIGHT (C) 2008 THOMSON REUTERS

FILE LAST UPDATED:          21 NOV 2008   <20081121/UP>
MOST RECENT UPDATE:           200875      <200875/DW>
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE
>>> Now containing more than 1.2 million chemical structures in DCR <<<

>>> IPC Reform backfile reclassifications have been loaded to end of
    September 2008. No update date (UP) has been created for the
    reclassified documents, but they can be identified by 20060101/UPIC,
    and 20061231/UPIC, 20070601/UPIC, 20071001/UPIC, 20071130/UPIC,
    20080401/UPIC, 20080701/UPIC and 20081001/UPIC.
    ECLA reclassifications to mid August and US national classification
    mid September 2008 have also been loaded. Update dates 20080401,
    20080701 and 20081001/UPEC and /UPNC have been assigned to these. <<

FOR A COPY OF THE DERWENT WORLD PATENTS INDEX STN USER GUIDE,
PLEASE VISIT:
http://www.stn-international.de/training_center/patents/stn_guide.pdf

FOR DETAILS OF THE PATENTS COVERED IN CURRENT UPDATES, SEE
http://scientific.thomsonreuters.com/support/patents/coverage/latestupdates/

EXPLORE DERWENT WORLD PATENTS INDEX IN STN ANAVIST, VERSION 2.0:
http://www.stn-international.com/archive/presentations/DWPIAnaVist2_0608.pdf

>>> HELP for European Patent Classifications see HELP ECLA, HELP ICO <<<



=> D QUE L140
L96 (      6388)SEA FILE=WPIX ABB=ON  PLU=ON  LI, G?/AU
L97 (      6906)SEA FILE=WPIX ABB=ON  PLU=ON  SONG, J?/AU
L98          12 SEA FILE=WPIX ABB=ON  PLU=ON  L96 AND L97
L128(       277)SEA FILE=WPIX ABB=ON  PLU=ON  ARTEMISININ OR ARTEANNUIN OR
                ARTEMISININE OR QINGHAOSU OR QUING HAU SAU OR ARTEMEF OR
                ARTEMISINE OR HUANGHUAHAOSU OR NSC 369397 OR QHS OR QING HAU
                SU OR QINGHOSU
```

```
L129(        13)SEA FILE=WPIX ABB=ON  PLU=ON  PIPERAQUINE OR PIPERAQUINOLINE
L130(       158)SEA FILE=WPIX ABB=ON  PLU=ON  PRIMAQUINE OR PRIMACIN OR
                (PRIMAQUINE) (2A) (DIPHOSPHATE OR PHOSPHATE) OR NEO-QUIPENYL
                OR PRIMACHIN OR PRIMAQUIN
L131          2 SEA FILE=WPIX ABB=ON  PLU=ON  L128 AND L129 AND L130
L140          1 SEA FILE=WPIX ABB=ON  PLU=ON  L131 NOT L98


=> FILE EMBASE

FILE 'EMBASE' ENTERED AT 17:22:40 ON 24 NOV 2008
Copyright (c) 2008 Elsevier B.V. All rights reserved.

 FILE COVERS 1974 TO 24 Nov 2008 (20081124/ED)

 EMBASE was reloaded on March 30, 2008.

 EMBASE is now updated daily.  SDI frequency remains weekly (default)
 and biweekly.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.

 Beginning January 2008, Elsevier will no longer provide EMTREE
 codes as part of the EMTREE thesaurus in EMBASE.  Please update
 your current-awareness alerts (SDIs) if they contain EMTREE
 codes.

 For further assistance, please contact your local helpdesk.

=> D QUE L141
L99 (       4036)SEA FILE=EMBASE ABB=ON  PLU=ON  LI, G?/AU
L100(       2833)SEA FILE=EMBASE ABB=ON  PLU=ON  SONG, J?/AU
L101           6 SEA FILE=EMBASE ABB=ON  PLU=ON  L99 AND L100
L132(       2081)SEA FILE=EMBASE ABB=ON  PLU=ON  ARTEMISININ?/CT
L133(        180)SEA FILE=EMBASE ABB=ON  PLU=ON  PIPERAQUINE?/CT
L134(       2993)SEA FILE=EMBASE ABB=ON  PLU=ON  PRIMAQUINE?/CT
L135          27 SEA FILE=EMBASE ABB=ON  PLU=ON  L132 AND L133 AND L134
L141          27 SEA FILE=EMBASE ABB=ON  PLU=ON  L135 NOT L101


=> DUP REMOVE L137 L138 L139 L140 L141

FILE 'HCAPLUS' ENTERED AT 17:23:11 ON 24 NOV 2008
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.
COPYRIGHT (C) 2008 AMERICAN CHEMICAL SOCIETY (ACS)

FILE 'MEDLINE' ENTERED AT 17:23:11 ON 24 NOV 2008

FILE 'BIOSIS' ENTERED AT 17:23:11 ON 24 NOV 2008
Copyright (c) 2008 The Thomson Corporation

FILE 'WPIX' ENTERED AT 17:23:11 ON 24 NOV 2008
COPYRIGHT (C) 2008 THOMSON REUTERS

FILE 'EMBASE' ENTERED AT 17:23:11 ON 24 NOV 2008
Copyright (c) 2008 Elsevier B.V. All rights reserved.
```

L142 34 DUP REMOVE L137 L138 L139 L140 L141 (5 DUPLICATES REMOVED)

L142 ANSWER 1 OF 34 HCAPLUS COPYRIGHT 2008 ACS on STN DUPLICATE 1
ACCESSION NUMBER: 2008:586640 HCAPLUS Full-text
DOCUMENT NUMBER: 148:554046
TITLE: Antiparasitic methods and compositions using diindolylmethane-related indoles
INVENTOR(S): Zeligs, Michael A.
PATENT ASSIGNEE(S): Bioresponse, L.L.C., USA
SOURCE: PCT Int. Appl., 76pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2008057253	A2	20080515	WO 2007-US22649	20071026

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, SV, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW

RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, MT, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

PRIORITY APPLN. INFO.: US 2006-854830P P 20061027
OTHER SOURCE(S): MARPAT 148:554046
ED Entered STN: 15 May 2008
AB The invention includes methods and compns. for the treatment and prevention of protozoal parasitic infections utilizing diindolylmethane-related indoles. Additive and synergistic interaction of Diindolylmethane-related indoles with other known antiparasitic and proapoptotic agents is believed to permit more effective therapy and prevention of protozoal parasitic infections. The methods and compns. described provide new treatment of protozoal parasitic diseases of mammals and birds including malaria, leishmaniasis, trypanosomiasis, trichomoniasis, neosporosis and coccidiosis.

L142 ANSWER 2 OF 34 HCAPLUS COPYRIGHT 2008 ACS on STN DUPLICATE 2
ACCESSION NUMBER: 2008:1047189 HCAPLUS Full-text
DOCUMENT NUMBER: 149:298591
TITLE: Malaria - Part 1: medicinal therapy
AUTHOR(S): Stich, August; Altenkaemper, Mirko; Schlitzer, Martin
CORPORATE SOURCE: Tropenmedizinische Abteilung, Missionsaerztliche Klinik gGmbH, Wuerzburg, D-97074, Germany
SOURCE: Deutsche Apotheker Zeitung (2008), 148(30), 36-45
CODEN: DAZEA2; ISSN: 0011-9857
PUBLISHER: Deutscher Apotheker Verlag
DOCUMENT TYPE: Journal; General Review
LANGUAGE: German
ED Entered STN: 29 Aug 2008
AB A review is given on pathogenesis and therapy of malaria. The pathogens Plasmodium malariae, P. vivax, P. ovale, and P. falciparum as well as pathogenesis and symptoms of the disease are described. Drugs for therapy and

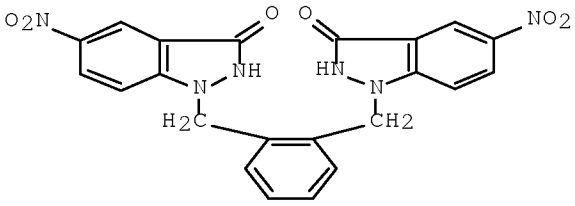
prophylaxis are summarized. Results obtained with the 4-aminoquinolines chloroquine, amodiaquine, piperaquine, and pyronaridine, the arylaminoalcs. quinine, mefloquine, halofantrine, and lumefantrine, the 8-aminoquinolines primaquine and tafenoquine, the artemisinins artemeter and artesunate, the antifolates sulfadioxine/pyrimethamine and dapsone/chlorproguanil, atovaquone/proguanil, and the antibiotics doxycycline, clindamycin, azithromycin, and fosmidomycin are reviewed.

L142 ANSWER 3 OF 34 HCAPLUS COPYRIGHT 2008 ACS on STN DUPLICATE 3
ACCESSION NUMBER: 2008:401840 HCAPLUS Full-text
DOCUMENT NUMBER: 149:369713
TITLE: Efficacy of Artequick versus artesunate-mefloquine in the treatment of acute uncomplicated falciparum malaria in Thailand
AUTHOR(S): Tangpukdee, Noppadon; Krudsood, Srivicha; Thanachartwet, Vipa; Pengruksa, Chaweewan; Phophak, Nanthaporn; Kano, Shigeyuki; Li, Guoqiao; Brittenham, Gary M.; Looareesuwan, Sornchai; Wilairatana, Polrat
CORPORATE SOURCE: Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand
SOURCE: Southeast Asian Journal of Tropical Medicine and Public Health (2008), 39(1), 1-8
CODEN: SJTMAK; ISSN: 0125-1562
PUBLISHER: SEAMEO-TROPMED Network
DOCUMENT TYPE: Journal
LANGUAGE: English
ED Entered STN: 01 Apr 2008
AB To determine the efficacy, safety and tolerability of an alternative short-course, artemisinin-based combination therapy for acute uncomplicated Plasmodium falciparum malaria, we compared Artequick-a fixed-dosed combination of artemisinin (80 mg), piperaquine (400 mg), and primaquine (4 mg), per tablet-with a standard regimen of artesunate-mefloquine. A total of 130 patients were randomly assigned to treatment with an orally administered, once-daily, 3-day regimen of either Artequick (Group A: 3.2 mg/kg/day of artemisinin, 16 mg/kg/day of piperaquine, and 0.16 mg/kg/day of primaquine) or artesunate-mefloquine (Group B: artesunate, 4 mg/kg/day, with mefloquine, 8 mg/kg/day). Patients receiving each regimen had a rapid clin. and parasitol. response. All treatments were well tolerated, and no serious adverse effects occurred. No significant differences were found in fever- and parasite-clearance times between the two study groups. The 28-day cure rates were similarly high, at 98.5% and 100%, in groups A and B, resp. We conclude that Artequick was as effective and well tolerated as artesunate-mefloquine and could be used as an alternative treatment for multidrug-resistant Plasmodium falciparum malaria in Southeast Asia.
REFERENCE COUNT: 21 THERE ARE 21 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L142 ANSWER 4 OF 34 HCAPLUS COPYRIGHT 2008 ACS on STN DUPLICATE 4
ACCESSION NUMBER: 2005:161561 HCAPLUS Full-text
DOCUMENT NUMBER: 142:475029
TITLE: Piperaquine: A resurgent antimalarial drug
AUTHOR(S): Davis, Timothy M. E.; Hung, Te-Yu; Sim, Ing-Kye; Karunajeewa, Harin A.; Ilett, Kenneth F.
CORPORATE SOURCE: Medicine Unit Fremantle and Pharmacology Unit Nedlands, School of Medicine and Pharmacology, University of Western Australia, Crawley, Australia
SOURCE: Drugs (2005), 65(1), 75-87
CODEN: DRUGAY; ISSN: 0012-6667
PUBLISHER: Adis International Ltd.

DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
ED Entered STN: 25 Feb 2005
AB A review. Piperaquine is a bisquinoline antimalarial drug that was first synthesized in the 1960s, and used extensively in China and Indochina as prophylaxis and treatment during the next 20 years. A number of Chinese research groups documented that it was at least as effective as, and better tolerated than, chloroquine against falciparum and vivax malaria, but no pharmacokinetic characterization was undertaken. With the development of piperaquine-resistant strains of Plasmodium falciparum and the emergence of the artemisinin derivs., its use declined during the 1980s. However, during the next decade, piperaquine was rediscovered by Chinese scientists as one of a number of compds. suitable for combination with an artemisinin derivative The rationale for such artemisinin combination therapies (ACTs) was to provide an inexpensive, short-course treatment regimen with a high cure rate and good tolerability that would reduce transmission and protect against the development of parasite resistance. This approach has now been endorsed by the WHO. Piperaquine-based ACT began as China-Vietnam 4 (CV4: dihydroartemisinin [DHA], trimethoprim, piperaquine phosphate and primaquine phosphate), which was followed by CV8 (the same components as CV4 but in increased quantities), Artecom (in which primaquine was omitted) and Artekin or Duo-Cotecxin (DHA and piperaquine phosphate only). Recent Indochinese studies have confirmed the excellent clin. efficacy of piperaquine-DHA combinations (28-day cure rates >95%), and have demonstrated that currently recommended regimens are not associated with significant cardiotoxicity or other adverse effects. The pharmacokinetic properties of piperaquine have also been characterized recently, revealing that it is a highly lipid-soluble drug with a large volume of distribution at steady state/bioavailability, long elimination half-life and a clearance that is markedly higher in children than in adults. The tolerability, efficacy, pharmacokinetic profile and low cost of piperaquine make it a promising partner drug for use as part of an ACT.
REFERENCE COUNT: 81 THERE ARE 81 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L142 ANSWER 5 OF 34 HCAPLUS COPYRIGHT 2008 ACS on STN
ACCESSION NUMBER: 2006:428032 HCAPLUS Full-text
DOCUMENT NUMBER: 145:76010
TITLE: Non-stochastic quadratic fingerprints and LDA-based QSAR models in hit and lead generation through virtual screening: theoretical and experimental assessment of a promising method for the discovery of new antimalarial compounds
AUTHOR(S): Montero-Torres, Alina; Garcia-Sanchez, Rory N.; Marrero-Ponce, Yovani; Machado-Tugores, Yanetsy; Nogal-Ruiz, Juan J.; Martinez-Fernandez, Antonio R.; Aran, Vicente J.; Ochoa, Carmen; Meneses-Marcel, Alfredo; Torrens, Francisco
CORPORATE SOURCE: Department of Drug Design, CBQ, Central University of Las Villas, Santa Clara, Villa Clara, 54830, Cuba
SOURCE: European Journal of Medicinal Chemistry (2006), 41(4), 483-493
CODEN: EJMCA5; ISSN: 0223-5234
PUBLISHER: Elsevier B.V.
DOCUMENT TYPE: Journal
LANGUAGE: English
ED Entered STN: 09 May 2006
GI



I

AB In order to explore the ability of nonstochastic quadratic indexes to encode chemical information in antimalarials, four quant. models for the discrimination of compds. having this property were generated and statistically compared. Accuracies of 90.2% and 83.3% for the training and test sets, resp., were observed for the best of all the models, which included nonstochastic quadratic fingerprints weighted with Pauling electronegativities. With a comparative purpose and as a second validation experiment, an exercise of virtual screening of 65 already-reported antimalarials was carried out. Finally, 17 new compds. were classified as either active/inactive ones and exptl. evaluated for their potential antimalarial properties on the ferriprotoporphyrin (FP) IX biocrystn. inhibition test (FBIT). The theor. predictions were in agreement with the exptl. results. Compound (I) was more active than chloroquine. The current result illustrates the usefulness of the TOMOCOMD-CARDD strategy in rational antimalarial-drug design, at the time that it introduces a new family of organic compds. as starting point for the development of promising antimalarials.

REFERENCE COUNT: 46 THERE ARE 46 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L142 ANSWER 6 OF 34 HCAPLUS COPYRIGHT 2008 ACS on STN
ACCESSION NUMBER: 2005:485667 HCAPLUS Full-text
DOCUMENT NUMBER: 143:165983
TITLE: Ligand-Based Virtual Screening and in Silico Design of New Antimalarial Compounds Using Nonstochastic and Stochastic Total and Atom-Type Quadratic Maps
AUTHOR(S): Marrero-Ponce, Yovani; Iyarreta-Veitia, Maite; Montero-Torres, Alina; Romero-Zaldivar, Carlos; Brandt, Carlos A.; Avila, Priscilla E.; Kirchgatter, Karin; Machado, Yanetsy
CORPORATE SOURCE: Department of Pharmacy, Faculty of Chemical Pharmacy and Department of Drug Design, Chemical Bioactive Center, Central University of Las Villas, Santa Clara, Villa Clara, 54830, Cuba
SOURCE: Journal of Chemical Information and Modeling (2005), 45(4), 1082-1100
CODEN: JCISD8; ISSN: 1549-9596
PUBLISHER: American Chemical Society
DOCUMENT TYPE: Journal
LANGUAGE: English
OTHER SOURCE(S): CASREACT 143:165983
ED Entered STN: 09 Jun 2005
AB Malaria has been one of the most significant public health problems for centuries. It affects many tropical and subtropical regions of the world. The increasing resistance of Plasmodium spp. to existing therapies has heightened alarms about malaria in the international health community. Nowadays, there is

a pressing need for identifying and developing new drug-based antimalarial therapies. In an effort to overcome this problem, the main purpose of this study is to develop simple linear discriminant-based quant. structure-activity relation (QSAR) models for the classification and prediction of antimalarial activity using some of the TOMOCOMD-CARDD (TOpol. Mol. COMputer Design-Computer Aided "Rational" Drug Design) fingerprints, to enable computational screening from virtual combinatorial datasets. In this sense, a database of 1562 organic chems. having great structural variability, 597 of them antimalarial agents and 965 compds. having other clin. uses, was analyzed and presented as a helpful tool, not only for theor. chemists but also for other researchers in this area. This series of compds. was processed by a k-means cluster anal. to design training and predicting sets. Afterward, two linear classification functions were derived to discriminate between antimalarial and nonantimalarial compds. The models (including nonstochastic and stochastic indexes) correctly classify more than 93% of the compound set, in both training and external prediction datasets. They showed high Matthews' correlation coeffs., 0.889 and 0.866 for the training set and 0.855 and 0.857 for the test one. The models' predictivity was also assessed and validated by the random removal of 10% of the compds. to form a new test set, for which predictions were made using the models. The overall means of the correct classification for this process (leave group 10% full-out cross validation) using the equations with nonstochastic and stochastic atom-based quadratic fingerprints were 93.93% and 92.77%, resp. The quadratic maps-based TOMOCOMD-CARDD approach implemented in this work was successfully compared with four of the most useful models for antimalarials selection reported to date. The developed models were then used in a simulation of a virtual search for Ras FTase (FTase = farnesyltransferase) inhibitors with antimalarial activity; 70% and 100% of the 10 inhibitors used in this virtual search were correctly classified, showing the ability of the models to identify new lead antimalarials. Finally, these two QSAR models were used in the identification of previously unknown antimalarials. In this sense, three synthetic intermediaries of quinolinic compds. were evaluated as active/inactive ones using the developed models. The synthesis and biol. evaluation of these chems. against two malaria strains, using chloroquine as a reference, was performed. An accuracy of 100% with the theor. predictions was observed Compound 3 showed antimalarial activity, being the first report of an arylaminomethylenemalonate having such behavior. This result opens a door to a virtual study considering a higher variability of the structural core already evaluated, as well as of other chems. not included in this study. We conclude that the approach described here seems to be a promising QSAR tool for the mol. discovery of novel classes of antimalarial drugs, which may meet the dual challenges posed by drug-resistant parasites and the rapid progression of malaria illnesses.

REFERENCE COUNT: 111 THERE ARE 111 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L142 ANSWER 7 OF 34 MEDLINE on STN
ACCESSION NUMBER: 2006248445 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 16570188
TITLE: Pharmacokinetics of piperaquine after repeated oral administration of the antimalarial combination CV8 in 12 healthy male subjects.
AUTHOR: Roshammar Daniel; Hai Trinh Ngoc; Friberg Hietala Sofia; Van Huong Nguyen; Ashton Michael
CORPORATE SOURCE: Unit for Pharmacokinetics and Drug Metabolism, Department of Pharmacology, Sahlgrenska Academy at Goteborg

University, Goteborg, Sweden.
SOURCE: European journal of clinical pharmacology, (2006 May) Vol. 62, No. 5, pp. 335-41. Electronic Publication: 2006-03-29. Journal code: 1256165. ISSN: 0031-6970.
PUB. COUNTRY: Germany: Germany, Federal Republic of
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200710
ENTRY DATE: Entered STN: 5 May 2006
Last Updated on STN: 12 Dec 2006
Entered Medline: 19 Oct 2007

ABSTRACT:
OBJECTIVE: To investigate the pharmacokinetic properties of piperaquine after repeated oral administration of the antimalarial combination CV8 in healthy subjects. METHODS: Twelve healthy fasted Vietnamese males were administered four tablets CV8 (320 mg piperaquine phosphate, 32 mg dihydroartemisinin, 5 mg primaquine phosphate, 90 mg trimethoprim) on day 1, followed by two tablets every 24th hour, for a total of 3 days. Blood samples were frequently drawn on days 1 and 3 and sparsely drawn until day 29. Samples were analyzed for piperaquine using solid phase extraction followed by high-performance liquid chromatography. Population pharmacokinetic parameter estimates were obtained by nonlinear mixed effects modeling of the observed data using NONMEM. RESULTS: A two-compartment disposition model with an absorption lag time described the observed piperaquine concentrations. Absorption profiles were found to be irregular with double or multiple peaks. A dual pathway first-order absorption model improved the goodness of fit. Piperaquine pharmacokinetics were characterized by a large volume of distribution and a terminal half-life of several days. Estimates [95% confidence interval (CI)] of CL/F, V(ss)/F and t(1/2)(z) were found to be 56.4 (29-84) l/h, 6,000 (3,500-8,500) l and 11.7 (8.3-15.7) days, respectively. CONCLUSION: Piperaquine pharmacokinetics after repeated oral doses were characterized by multiple concentration peaks and multiphasic disposition, resulting in a long terminal half-life. Sustained exposure to the drug after treatment should be taken into account when designing future clinical studies, e.g. duration of follow-up, and may also drive resistance development in areas of high malaria transmission.

CONTROLLED TERM: Check Tags: Male
Administration, Oral
Adult
*Antimalarials: AD, administration & dosage
*Antimalarials: PK, pharmacokinetics
Artemisinins: AD, administration & dosage
Artemisinins: PK, pharmacokinetics
Chromatography, High Pressure Liquid
Drug Combinations
Fasting
Half-Life
Humans
Middle Aged
Pilot Projects
Primaquine: AD, administration & dosage
Primaquine: PK, pharmacokinetics
*Quinolines: AD, administration & dosage
*Quinolines: PK, pharmacokinetics
Sesquiterpenes: AD, administration & dosage
Sesquiterpenes: PK, pharmacokinetics
Trimethoprim: AD, administration & dosage

Trimethoprim: PK, pharmacokinetics
CAS REGISTRY NO.: 4085-31-8 (piperaquine); 71939-50-9 (dihydroquinghaosu); 738-70-5 (Trimethoprim); 90-34-6 (Primaquine)
CHEMICAL NAME: 0 (Antimalarials); 0 (Artemisinins); 0 (Drug Combinations); 0 (Quinolines); 0 (Sesquiterpenes)

L142 ANSWER 8 OF 34 MEDLINE on STN
ACCESSION NUMBER: 2004147291 MEDLINE Full-text
DOCUMENT NUMBER: PubMed ID: 15040557
TITLE: CV8, a new combination of dihydroartemisinin, piperaquine, trimethoprim and primaquine, compared with atovaquone-proguanil against falciparum malaria in Vietnam.
AUTHOR: Giao Phan T; de Vries Peter J; Hung Le Q; Binh Tran Q; Nam Nguyen V; Kager Piet A
CORPORATE SOURCE: Division of Infectious Diseases, Tropical Medicine & AIDS, Academic Medical Center, Amsterdam, The Netherlands.
SOURCE: Tropical medicine & international health : TM & IH, (2004 Feb) Vol. 9, No. 2, pp. 209-16.
Journal code: 9610576. ISSN: 1360-2276.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: (CLINICAL TRIAL)
(COMPARATIVE STUDY)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200404
ENTRY DATE: Entered STN: 26 Mar 2004
Last Updated on STN: 29 Apr 2004
Entered Medline: 28 Apr 2004

ABSTRACT:
OBJECTIVES: To study a new combination, based on dihydroartemisinin and ***piperaquine*** (CV8) and atovaquone/proguanil (Malarone) for treatment of uncomplicated falciparum malaria in Vietnam. METHODS: Vietnamese adults with falciparum malaria were allocated randomly to treatment with dihydroartemisinin/piperaquine/trimethoprim/primaquine 256/2560/720/40 mg (CV8, n = 84) or Malarone 3000/1200 mg (n = 81), both over 3 days. Patients were followed-up for 28 days. RESULTS: All patients recovered rapidly. The mean (95% CI) parasite elimination half-life of CV8 was 6.8 h (6.2-7.4) and of Malarone 6.5 h (6.1-6.9) (P = 0.4). Complete parasite clearance time was 35 (31-39) and 34 h (31-38) (P = 0.9). The 28-day cure rate was 94% and 95%, respectively (odds ratio 0.84, 95% CI 0.18-3.81). No significant side-effects were found. CONCLUSION: CV8 and Malarone are effective combinations against multi-drug resistant falciparum malaria. CV8 has the advantage of a low price.

CONTROLLED TERM: Check Tags: Female; Male
Adolescent
Adult
Aged
Animals
*Antimalarials: AD, administration & dosage
Antimalarials: AE, adverse effects
Artemisinins: AD, administration & dosage
Artemisinins: AE, adverse effects
Atovaquone
Chloroguanide: AE, adverse effects
*Chloroguanide: TU, therapeutic use

Drug Combinations
Drug Therapy, Combination
Humans
Malaria, Falciparum: BL, blood
*Malaria, Falciparum: DT, drug therapy
Middle Aged
Naphthoquinones: AE, adverse effects
*Naphthoquinones: TU, therapeutic use
Parasitemia: DT, drug therapy
Plasmodium falciparum: DE, drug effects
Primaquine: AD, administration & dosage
Primaquine: AE, adverse effects
Quinolines: AD, administration & dosage
Quinolines: AE, adverse effects
Sesquiterpenes: AD, administration & dosage
Sesquiterpenes: AE, adverse effects
Treatment Outcome
Trimethoprim: AD, administration & dosage
Trimethoprim: AE, adverse effects
Vietnam

CAS REGISTRY NO.: 4085-31-8 (piperaquine); 500-92-5 (Chloroguanide); 71939-50-9 (dihydroquinghaosu); 738-70-5 (Trimethoprim); 90-34-6 (Primaquine); 94015-53-9 (Atovaquone)

CHEMICAL NAME: 0 (Antimalarials); 0 (Artemisinins); 0 (Drug Combinations); 0 (Naphthoquinones); 0 (Quinolines); 0 (Sesquiterpenes); 0 (malarone)

L142 ANSWER 9 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2008401394 EMBASE Full-text

TITLE: Therapy of uncomplicated malaria in children: A review of treatment principles, essential drugs and current recommendations.

AUTHOR: Deen, Jacqueline L.; Von Seidlein, Lorenz
CORPORATE SOURCE: Joint Malaria Programme, Tanga, Tanzania, United Republic of. jdeen@ivi.int
AUTHOR: Deen, Jacqueline L.
CORPORATE SOURCE: International Vaccine Institute, Seoul, Korea, Republic of. jdeen@ivi.int
AUTHOR: Von Seidlein, Lorenz
CORPORATE SOURCE: London School of Hygiene and Tropical Medicine, London, United Kingdom.
AUTHOR: Von Seidlein, Lorenz; Dondorp, Arjen
CORPORATE SOURCE: Mahidol-Oxford Tropical Medicine Research Unit, Bangkok, Thailand.
AUTHOR: Deen, J. L. (correspondence)
CORPORATE SOURCE: Joint Malaria Programme, Tanga, Tanzania, United Republic of. jdeen@ivi.int

SOURCE: Tropical Medicine and International Health, (September 2008) Vol. 13, No. 9, pp. 1111-1130.
Refs: 151
ISSN: 1360-2276 E-ISSN: 1365-3156 CODEN: TMIHFL

PUBLISHER: Blackwell Publishing Ltd, 9600 Garsington Road, Oxford, OX4 2XG, United Kingdom.
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)

FILE SEGMENT: 004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 30 Sep 2008
Last Updated on STN: 30 Sep 2008

ABSTRACT: Understanding the optimal treatment of uncomplicated malaria in children is challenging because of the availability of new drugs and the shift to combination therapies. This is a review of the guiding principles for the treatment of uncomplicated malaria, the essential anti-malarial drugs for children, and the treatment regimens currently recommended. .COPYRGT. 2008 Blackwell Publishing Ltd.

CONTROLLED TERM: Medical Descriptors:
abdominal discomfort: SI, side effect
abdominal pain: SI, side effect
abnormal dreaming: SI, side effect
acidosis: SI, side effect
agranulocytosis: SI, side effect
aminoaciduria: SI, side effect
anaphylaxis: SI, side effect
anemia: SI, side effect
angioneurotic edema: SI, side effect
anorexia: SI, side effect
antimalarial activity
aplastic anemia: SI, side effect
area under the curve
aseptic meningitis: SI, side effect
asthma: SI, side effect
ataxia: SI, side effect
bacterial infection: SI, side effect
balance impairment: SI, side effect
black water fever: SI, side effect
blood disease: SI, side effect
bradycardia: SI, side effect
brain disease: SI, side effect
bronchospasm: SI, side effect
candidiasis: SI, side effect
chemoprophylaxis
chronic drug administration
cinchonism: SI, side effect
clinical trial
combination chemotherapy
continuous infusion
convulsion: SI, side effect
cost effectiveness analysis
crystalluria: SI, side effect
cytopenia: SI, side effect
depression: SI, side effect
diarrhea: SI, side effect
dizziness: SI, side effect
dose response
drowsiness: SI, side effect
drug absorption
drug antagonism
drug bioavailability

drug blood level
drug contraindication
drug cost
drug distribution
drug dosage form
drug dose reduction
drug dose regimen
drug efficacy
drug elimination
drug eruption: SI, side effect
drug fatality
drug fever: SI, side effect
drug formulation
drug half life
drug hypersensitivity: SI, side effect
drug induced headache: SI, side effect
drug intoxication: DT, drug therapy
drug mechanism
drug megadose
drug metabolism
drug overdose
drug potentiation
drug raash: SI, side effect
drug safety
drug solubility
drug tolerability
drug urine level
drug withdrawal
dysphagia: SI, side effect
dysphoria: SI, side effect
ECG abnormality: SI, side effect
enamel hypoplasia: SI, side effect
eosinophilia: SI, side effect
erythema nodosum: SI, side effect
esophagus ulcer: SI, side effect
exfoliative dermatitis: SI, side effect
eye disease: SI, side effect
fatigue: SI, side effect
fibrosing alveolitis: SI, side effect
flushing
gastrointestinal symptom: SI, side effect
glossitis: SI, side effect
glucosuria: SI, side effect
hair loss: SI, side effect
hearing
heart arrest: SI, side effect
heart palpitation: SI, side effect
hematopoiesis
hematuria: SI, side effect
hemolysis: SI, side effect
hemolytic anemia: SI, side effect
hemolytic uremic syndrome: SI, side effect
hepatitis: SI, side effect
human
hyperinsulinemia: SI, side effect
hypertension: SI, side effect
hyperuricemia: SI, side effect
hypoglycemia: SI, side effect
hypokalemia: SI, side effect
hypophosphatemia: SI, side effect

hypoprothrombinemia: SI, side effect
hypotension: SI, side effect
infection prevention
injection site necrosis: SI, side effect
injection site pain: SI, side effect
insomnia: SI, side effect
interstitial nephritis: SI, side effect
intracranial pressure
jaundice: SI, side effect
keratopathy: SI, side effect
kidney failure: SI, side effect
leukocytosis: SI, side effect
leukopenia: SI, side effect
liver dysfunction: SI, side effect
liver toxicity: SI, side effect
loading drug dose
Loeffler pneumonia: SI, side effect
*malaria: DM, disease management
*malaria: DR, drug resistance
*malaria: DT, drug therapy
*malaria: EP, epidemiology
*malaria: ET, etiology
*malaria: PC, prevention
malaria falciparum: DM, disease management
malaria falciparum: DR, drug resistance
malaria falciparum: DT, drug therapy
malaria falciparum: EP, epidemiology
malaria falciparum: ET, etiology
malaria falciparum: PC, prevention
megaloblastic anemia: SI, side effect
mental disease: SI, side effect
methemoglobinemia: SI, side effect
monotherapy
multidrug resistance
muscle weakness: SI, side effect
myocarditis: SI, side effect
myopathy: SI, side effect
nausea: SI, side effect
nerve paralysis: SI, side effect
neuropathy: SI, side effect
neurotoxicity: SI, side effect
neutropenia: SI, side effect
nonhuman
oliguria: SI, side effect
orthostatic hypotension: SI, side effect
ototoxicity: SI, side effect
palatability
pancreatitis: SI, side effect
pancytopenia: SI, side effect
parasitemia: DT, drug therapy
parasitemia: ET, etiology
pediatrics
pericarditis: SI, side effect
peripheral neuropathy: SI, side effect
photosensitivity: SI, side effect
Plasmodium falciparum
Plasmodium knowlesi
Plasmodium malariae
Plasmodium ovale
Plasmodium vivax

polyarteritis nodosa: SI, side effect
polydipsia: SI, side effect
polyuria: SI, side effect
practice guideline
proteinuria: SI, side effect
pruritus: SI, side effect
pseudomembranous colitis: SI, side effect
psychosis: SI, side effect
QT prolongation: SI, side effect
rash: SI, side effect
recommended drug dose
reticulocytopenia: SI, side effect
retinopathy: SI, side effect
review
rheumatoid arthritis: DT, drug therapy
sciatic neuropathy: SI, side effect
seizure: SI, side effect
side effect: SI, side effect
single drug dose
sinus bradycardia: SI, side effect
sleep disorder: SI, side effect
somnolence: SI, side effect
Stevens Johnson syndrome: SI, side effect
stomatitis: SI, side effect
systemic lupus erythematosus: SI, side effect
systemic vasculitis: SI, side effect
tachycardia: SI, side effect
thrombocytopenia: SI, side effect
tinnitus: SI, side effect
toxic epidermal necrolysis: SI, side effect
treatment duration
urticaria: SI, side effect
vertigo: SI, side effect
visual disorder: SI, side effect
vomiting: SI, side effect
xerostomia: SI, side effect

CONTROLLED TERM: Drug Descriptors:
amodiaquine: AE, adverse drug reaction
amodiaquine: CB, drug combination
amodiaquine: CM, drug comparison
amodiaquine: CR, drug concentration
amodiaquine: DO, drug dose
amodiaquine: DT, drug therapy
amodiaquine: TO, drug toxicity
amodiaquine: PR, pharmaceutics
amodiaquine: PK, pharmacokinetics
amodiaquine: PD, pharmacology
*antimalarial agent: DT, drug therapy
*antimalarial agent: PE, pharmacoeconomics
arteether: PK, pharmacokinetics
artemether: AE, adverse drug reaction
artemether: AD, drug administration
artemether: CB, drug combination
artemether: CM, drug comparison
artemether: CR, drug concentration
artemether: DT, drug therapy
artemether: TO, drug toxicity
artemether: IM, intramuscular drug administration
artemether: PO, oral drug administration
artemether: PA, parenteral drug administration

artemether: PR, pharmaceutics
artemether: PK, pharmacokinetics
artemether plus benflumetol: CM, drug comparison
artemether plus benflumetol: CR, drug concentration
artemether plus benflumetol: DO, drug dose
artemether plus benflumetol: DT, drug therapy
artemether plus benflumetol: PO, oral drug administration
artemether plus benflumetol: PR, pharmaceutics
artemether plus benflumetol: PK, pharmacokinetics
artemisinin: CB, drug combination
artemisinin: DT, drug therapy
artemisinin: PO, oral drug administration
artemisinin derivative: CB, drug combination
artemisinin derivative: DT, drug therapy
artemisinin derivative: PO, oral drug administration
artesunate: AE, adverse drug reaction
artesunate: CT, clinical trial
artesunate: AD, drug administration
artesunate: CB, drug combination
artesunate: CR, drug concentration
artesunate: DO, drug dose
artesunate: IT, drug interaction
artesunate: DT, drug therapy
artesunate: IM, intramuscular drug administration
artesunate: IV, intravenous drug administration
artesunate: PO, oral drug administration
artesunate: PA, parenteral drug administration
artesunate: PR, pharmaceutics
artesunate: PK, pharmacokinetics
artesunate: RC, rectal drug administration
artesunate plus mefloquine: CM, drug comparison
artesunate plus mefloquine: DO, drug dose
artesunate plus mefloquine: DT, drug therapy
atovaquone: CM, drug comparison
atovaquone: DT, drug therapy
atovaquone: PK, pharmacokinetics
atovaquone plus proguanil: CB, drug combination
atovaquone plus proguanil: DT, drug therapy
atovaquone plus proguanil: PE, pharmacoeconomics
benflumetol: AE, adverse drug reaction
benflumetol: CB, drug combination
benflumetol: CM, drug comparison
benflumetol: DT, drug therapy
benflumetol: TO, drug toxicity
benflumetol: PO, oral drug administration
benflumetol: PR, pharmaceutics
benflumetol: PK, pharmacokinetics
benflumetol: PD, pharmacology
chloroquine: AE, adverse drug reaction
chloroquine: CB, drug combination
chloroquine: CM, drug comparison
chloroquine: DO, drug dose
chloroquine: IT, drug interaction
chloroquine: DT, drug therapy
chloroquine: TO, drug toxicity
chloroquine: PO, oral drug administration
chloroquine: PE, pharmacoeconomics
chloroquine: PK, pharmacokinetics
chloroquine: PD, pharmacology

chlorproguanil plus dapsone: CB, drug combination
chlorproguanil plus dapsone: DT, drug therapy
clindamycin: CB, drug combination
clindamycin: DT, drug therapy
dapsone: CB, drug combination
dapsone: DT, drug therapy
diazepam: DT, drug therapy
dihydroartemisinin: DT, drug therapy
dihydroartemisinin: PO, oral drug administration
doxycycline: AE, adverse drug reaction
doxycycline: AD, drug administration
doxycycline: CB, drug combination
doxycycline: CM, drug comparison
doxycycline: CR, drug concentration
doxycycline: DO, drug dose
doxycycline: DT, drug therapy
doxycycline: IV, intravenous drug administration
doxycycline: PO, oral drug administration
doxycycline: PR, pharmaceutics
doxycycline: PK, pharmacokinetics
fansidar: AE, adverse drug reaction
fansidar: CB, drug combination
fansidar: DO, drug dose
fansidar: DT, drug therapy
fansidar: PR, pharmaceutics
fansidar: PE, pharmacoeconomics
fansidar: PK, pharmacokinetics
halofantrine: AE, adverse drug reaction
halofantrine: CM, drug comparison
halofantrine: IT, drug interaction
halofantrine: DT, drug therapy
halofantrine: TO, drug toxicity
halofantrine: PK, pharmacokinetics
mefloquine: AE, adverse drug reaction
mefloquine: CB, drug combination
mefloquine: CM, drug comparison
mefloquine: CR, drug concentration
mefloquine: IT, drug interaction
mefloquine: DT, drug therapy
mefloquine: TO, drug toxicity
mefloquine: PR, pharmaceutics
mefloquine: PK, pharmacokinetics
piperaquine: CB, drug combination
piperaquine: DT, drug therapy
primaquine: AE, adverse drug reaction
primaquine: CB, drug combination
primaquine: CR, drug concentration
primaquine: DO, drug dose
primaquine: DT, drug therapy
primaquine: TO, drug toxicity
primaquine: PR, pharmaceutics
primaquine: PK, pharmacokinetics
primaquine: PD, pharmacology
proguanil: CB, drug combination
proguanil: DT, drug therapy
pyrimethamine: AE, adverse drug reaction
pyrimethamine: AD, drug administration
pyrimethamine: CB, drug combination
pyrimethamine: CR, drug concentration
pyrimethamine: DO, drug dose

pyrimethamine: DT, drug therapy
pyrimethamine: IM, intramuscular drug administration
pyrimethamine: PO, oral drug administration
pyrimethamine: PR, pharmaceutics
pyrimethamine: PK, pharmacokinetics
pyrimethamine: PD, pharmacology
quinine: AE, adverse drug reaction
quinine: AD, drug administration
quinine: CB, drug combination
quinine: CM, drug comparison
quinine: CR, drug concentration
quinine: DO, drug dose
quinine: IT, drug interaction
quinine: DT, drug therapy
quinine: IM, intramuscular drug administration
quinine: IV, intravenous drug administration
quinine: PO, oral drug administration
quinine: PA, parenteral drug administration
quinine: PR, pharmaceutics
quinine: PK, pharmacokinetics
quinine: PD, pharmacology
sulfadoxine: AE, adverse drug reaction
sulfadoxine: CB, drug combination
sulfadoxine: CR, drug concentration
sulfadoxine: DT, drug therapy
sulfadoxine: PO, oral drug administration
sulfadoxine: PR, pharmaceutics
sulfadoxine: PK, pharmacokinetics
sulfadoxine: PD, pharmacology
tetracycline: AE, adverse drug reaction
tetracycline: CB, drug combination
tetracycline: CM, drug comparison
tetracycline: DT, drug therapy
tetracycline: PK, pharmacokinetics
unclassified drug
unindexed drug

SUPPLEMENTARY TERM: Amodiaquine; Artemisinin combination therapies; Chloroquine; Malaria; Mefloquine; Ovale and malariae; Plasmodium falciparum; Primaquine; Quinine; Sulfadoxine/pyrimethamine; Vivax

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (arteether) 75887-54-6; (artemether) 71963-77-4; (artemether plus benflumetol) 141204-94-6; (artemisinin) 63968-64-9; (artesunate) 82864-68-4, 88495-63-0; (atovaquone) 94015-53-9, 95233-18-4; (benflumetol) 82186-77-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (clindamycin) 18323-44-9; (dapsone) 80-08-0; (diazepam) 439-14-5; (dihydroartemisinin) 71939-50-9, 81496-81-3; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (fansidar) 37338-39-9; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (mefloquine) 51773-92-3, 53230-10-7; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5, 637-32-1; (pyrimethamine) 53640-38-3, 58-14-0; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (sulfadoxine) 2447-57-6; (tetracycline) 23843-90-5, 60-54-8, 64-75-5

CHEMICAL NAME: coartem

L142 ANSWER 10 OF 34 EMBASE

ACCESSION NUMBER: 2008246864 EMBASE Full-text
TITLE: HIV and malaria co-infection: interactions and consequences of chemotherapy.
AUTHOR: Skinner-Adams, T.S. (correspondence); McCarthy, J.S.
CORPORATE SOURCE: University of Queensland, Brisbane, 4072, Australia. tinaS@qimr.edu.au
AUTHOR: Skinner-Adams, T.S. (correspondence); McCarthy, J.S.; Gardiner, D.L.; Andrews, K.T.
CORPORATE SOURCE: Queensland Institute of Medical Research, Australian Centre for International and Tropical Health, Herston, QLD 4006, Australia. tinaS@qimr.edu.au
SOURCE: Trends in Parasitology, (Jun 2008) Vol. 24, No. 6, pp. 264-271.
Refs: 74
ISSN: 1471-4922 CODEN: TPRACT
PUBLISHER IDENT.: S 1471-4922(08)00097-4
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 18 Jun 2008
Last Updated on STN: 18 Jun 2008
ABSTRACT: The global epidemiology of HIV/AIDS and malaria overlap because a significant number of HIV-infected individuals live in regions with different levels of malaria transmission. Although the consequences of co-infection with HIV and malaria parasites are not fully understood, available evidence suggests that the infections act synergistically and together result in worse outcomes. The importance of understanding chemotherapeutic interactions during malaria and HIV co-infection is now being recognized. We know that some antimalarial drugs have weak antiretroviral effects; however, recent studies have also demonstrated that certain antiretroviral agents can inhibit malaria-parasite growth. Here, we discuss recent findings on the impact of HIV/AIDS and malaria co-infection and the possible roles of chemotherapy in improving the treatment of these diseases.

CONTROLLED TERM: Medical Descriptors:
*acquired immune deficiency syndrome: DR, drug resistance
*acquired immune deficiency syndrome: DT, drug therapy
*acquired immune deficiency syndrome: EP, epidemiology
bone marrow suppression: CO, complication
bone marrow suppression: ET, etiology
bone marrow suppression: SI, side effect
clinical practice
combination chemotherapy
comorbidity
drug efficacy
drug metabolism
*highly active antiretroviral therapy
human
Human immunodeficiency virus infected patient
*Human immunodeficiency virus infection: DR, drug resistance
*Human immunodeficiency virus infection: DT, drug therapy
*Human immunodeficiency virus infection: EP, epidemiology

immunomodulation
incidence
infection risk
liver toxicity: CO, complication
liver toxicity: ET, etiology
*malaria: DR, drug resistance
*malaria: DT, drug therapy
*malaria: EP, epidemiology
*malaria: PC, prevention
malaria control
neutropenia: CO, complication
neutropenia: ET, etiology
neutropenia: SI, side effect
nonhuman
opportunistic infection: DT, drug therapy
practice guideline
review
world health organization

CONTROLLED TERM: Drug Descriptors:
abacavir: DT, drug therapy
abacavir: PK, pharmacokinetics
abacavir: PD, pharmacology
amodiaquine: CB, drug combination
amodiaquine: IT, drug interaction
amodiaquine: DT, drug therapy
amodiaquine: PK, pharmacokinetics
amodiaquine: PD, pharmacology
*antimalarial agent: IT, drug interaction
*antimalarial agent: DT, drug therapy
*antimalarial agent: PK, pharmacokinetics
*antimalarial agent: PD, pharmacology
*antiretrovirus agent: IT, drug interaction
*antiretrovirus agent: DT, drug therapy
*antiretrovirus agent: PK, pharmacokinetics
*antiretrovirus agent: PD, pharmacology
*artemisinin: IT, drug interaction
*artemisinin: DT, drug therapy
*artemisinin: PK, pharmacokinetics
artesunate: CB, drug combination
artesunate: IT, drug interaction
artesunate: DT, drug therapy
artesunate: PK, pharmacokinetics
atazanavir: IT, drug interaction
atazanavir: DT, drug therapy
atazanavir: PK, pharmacokinetics
atazanavir: PD, pharmacology
chloroquine: CB, drug combination
chloroquine: IT, drug interaction
chloroquine: DT, drug therapy
chloroquine: PK, pharmacokinetics
chloroquine: PD, pharmacology
cotrimoxazole: IT, drug interaction
cotrimoxazole: DT, drug therapy
cotrimoxazole: PK, pharmacokinetics
cotrimoxazole: PD, pharmacology
darunavir: IT, drug interaction
darunavir: DT, drug therapy
darunavir: PK, pharmacokinetics
darunavir: PD, pharmacology
efavirenz: IT, drug interaction

efavirenz: DT, drug therapy
efavirenz: PK, pharmacokinetics
efavirenz: PD, pharmacology
emtricitabine: DT, drug therapy
emtricitabine: PK, pharmacokinetics
emtricitabine: PD, pharmacology
lamivudine: DT, drug therapy
lamivudine: PK, pharmacokinetics
lamivudine: PD, pharmacology
lopinavir: IT, drug interaction
lopinavir: DT, drug therapy
lopinavir: PK, pharmacokinetics
lopinavir: PD, pharmacology
mefloquine: CB, drug combination
mefloquine: IT, drug interaction
mefloquine: DT, drug therapy
mefloquine: PK, pharmacokinetics
mefloquine: PD, pharmacology
nevirapine: IT, drug interaction
nevirapine: DT, drug therapy
nevirapine: PK, pharmacokinetics
nevirapine: PD, pharmacology
piperaquine: IT, drug interaction
piperaquine: DT, drug therapy
piperaquine: PK, pharmacokinetics
piperaquine: PD, pharmacology
primaquine: DT, drug therapy
primaquine: PK, pharmacokinetics
primaquine: PD, pharmacology
*proteinase inhibitor: IT, drug interaction
*proteinase inhibitor: DT, drug therapy
*proteinase inhibitor: PK, pharmacokinetics
*proteinase inhibitor: PD, pharmacology
pyrimethamine: CB, drug combination
pyrimethamine: IT, drug interaction
pyrimethamine: DT, drug therapy
quinine: IT, drug interaction
quinine: DT, drug therapy
quinine: PK, pharmacokinetics
*ritonavir: IT, drug interaction
*ritonavir: DT, drug therapy
*ritonavir: PK, pharmacokinetics
*ritonavir: PD, pharmacology
RNA directed DNA polymerase inhibitor: DT, drug therapy
RNA directed DNA polymerase inhibitor: PK, pharmacokinetics
RNA directed DNA polymerase inhibitor: PD, pharmacology
*saquinavir: IT, drug interaction
*saquinavir: DT, drug therapy
*saquinavir: PK, pharmacokinetics
stavudine: DT, drug therapy
stavudine: PK, pharmacokinetics
stavudine: PD, pharmacology
sulfadoxine: CB, drug combination
sulfadoxine: IT, drug interaction
sulfadoxine: DT, drug therapy
tenofovir: DT, drug therapy
tenofovir: PK, pharmacokinetics
tenofovir: PD, pharmacology
tipranavir: IT, drug interaction
tipranavir: DT, drug therapy

tipranavir: PK, pharmacokinetics
tipranavir: PD, pharmacology
unindexed drug
zidovudine: AE, adverse drug reaction
zidovudine: IT, drug interaction
zidovudine: DT, drug therapy
zidovudine: PK, pharmacokinetics
zidovudine: PD, pharmacology

CAS REGISTRY NO.: (abacavir) 136470-78-5, 188062-50-2; (amodiaquine) 69-44-3, 86-42-0; (artemisinin) 63968-64-9; (artesunate) 82864-68-4, 88495-63-0; (atazanavir) 198904-31-3; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (cotrimoxazole) 8064-90-2; (darunavir) 206361-99-1; (efavirenz) 154598-52-4; (emtricitabine) 137530-41-7, 143491-54-7, 143491-57-0; (lamivudine) 134678-17-4, 134680-32-3; (lopinavir) 192725-17-0; (mefloquine) 51773-92-3, 53230-10-7; (nevirapine) 129618-40-2; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (proteinase inhibitor) 37205-61-1; (pyrimethamine) 53640-38-3, 58-14-0; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (ritonavir) 155213-67-5; (saquinavir) 127779-20-8, 149845-06-7; (stavudine) 3056-17-5; (sulfadoxine) 2447-57-6; (tenofovir) 147127-19-3, 147127-20-6; (tipranavir) 174484-41-4; (zidovudine) 30516-87-1

L142 ANSWER 11 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2008077520 EMBASE Full-text

TITLE: The fight against drug-resistant malaria: Novel plasmodial targets and antimalarial drugs.

AUTHOR: Choi, Seoung-Ryoung; Mukherjee, Prasenjit; Avery, Mitchell A. (correspondence)

CORPORATE SOURCE: Department of Medicinal Chemistry, School of Pharmacy, University of Mississippi, University, MS 38677, United States. mavery@olemiss.edu

AUTHOR: Avery, Mitchell A. (correspondence)

CORPORATE SOURCE: Department of Chemistry, University of Mississippi, University, MS 38677, United States. mavery@olemiss.edu

SOURCE: Current Medicinal Chemistry, (Jan 2008) Vol. 15, No. 2, pp. 161-171.
Refs: 174
ISSN: 0929-8673 CODEN: CMCHE7

COUNTRY: Netherlands

DOCUMENT TYPE: Journal; General Review; (Review)

FILE SEGMENT: 036 Health Policy, Economics and Management
037 Drug Literature Index
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 3 Mar 2008
Last Updated on STN: 3 Mar 2008

ABSTRACT: Malaria, one of the major reemerging parasitic diseases, is caused by protozoal parasites belonging to the genus plasmodia. Antimalarial drugs have played a mainstream role in controlling the spread of malaria through the treatment of patients infected with the plasmodial parasites and controlling its transmissibility. The current line of therapy against malaria is faced with the hurdles of a low or total lack of efficacy due to the evolution of drug-resistant strains of the malarial parasites. Preventive vaccination

against malaria is an ideal solution to this problem but is not expected to arrive for at least a decade. Development of antimalarial drugs involving novel mechanisms of action is therefore of imminent importance. Several novel drug candidates of synthetic and natural products origin as well as their combination therapies are currently being evaluated for their efficacy against the drug-resistant strains of the parasites. Various plasmodial targets/ pathways, such as the Purine salvage pathway, Pyrimidine biosynthesis pathway as well as the processes in the apicoplast, have been identified and are being utilized for the discovery and development of novel antimalarial therapies. This review provides an overview of the latest developments in terms of drugs, combination therapies and bovel plasmodial targets being carried out to counter the menace of drug-resistant malaria. .COPYRGT. 2008 Bentham Science Publishers Ltd.

CONTROLLED TERM: Medical Descriptors:
apicoplast
clinical trial
combination chemotherapy
disease transmission
drug cost
drug design
drug efficacy
drug mechanism
drug structure
drug targeting
human
infection control
*malaria: DR, drug resistance
*malaria: DT, drug therapy
monotherapy
Plasmodium
pyrimidine synthesis
review
vaccination

CONTROLLED TERM: Drug Descriptors:
amodiaquine: DT, drug therapy
amodiaquine: PD, pharmacology
*antimalarial agent: CB, drug combination
*antimalarial agent: DT, drug therapy
artemether: AN, drug analysis
artemether: DT, drug therapy
artemether: PD, pharmacology
artemisinin: AN, drug analysis
artemisinin: DT, drug therapy
artemisinin: PD, pharmacology
artesunate: DT, drug therapy
artesunate: PD, pharmacology
atovaquone: AN, drug analysis
atovaquone: DT, drug therapy
atovaquone: PE, pharmacoeconomics
atovaquone: PD, pharmacology
azithromycin: AN, drug analysis
azithromycin: CB, drug combination
azithromycin: DT, drug therapy
azithromycin: PD, pharmacology
chloroquine: DT, drug therapy
chloroquine: PD, pharmacology
chlorproguanil: DT, drug therapy
chlorproguanil: PD, pharmacology
clindamycin: CB, drug combination

clindamycin: DT, drug therapy
clindamycin: PD, pharmacology
dapsone: DT, drug therapy
dapsone: PD, pharmacology
diamidine derivative: CT, clinical trial
diamidine derivative: DT, drug therapy
diamidine derivative: PD, pharmacology
doxycycline: CB, drug combination
doxycycline: DT, drug therapy
doxycycline: PD, pharmacology
fansidar: DT, drug therapy
fansidar: PD, pharmacology
fosmidomycin: AN, drug analysis
fosmidomycin: CB, drug combination
fosmidomycin: DT, drug therapy
fosmidomycin: PD, pharmacology
mefloquine: DT, drug therapy
mefloquine: PD, pharmacology
metakelfin: DT, drug therapy
metakelfin: PD, pharmacology
minocycline: CB, drug combination
minocycline: DT, drug therapy
minocycline: PD, pharmacology
pafuramidine: CT, clinical trial
pafuramidine: DT, drug therapy
pafuramidine: PD, pharmacology
piperaquine: DT, drug therapy
piperaquine: PD, pharmacology
primaquine: DT, drug therapy
primaquine: PD, pharmacology
proguanil: DT, drug therapy
proguanil: PD, pharmacology
purine
pyrimethamine: DT, drug therapy
pyrimethamine: PD, pharmacology
pyrimidine
quinine: CB, drug combination
quinine: DT, drug therapy
quinine: PD, pharmacology
rifampicin: DT, drug therapy
rifampicin: PD, pharmacology
sulfadoxine: DT, drug therapy
sulfadoxine: PD, pharmacology
tetracycline: CB, drug combination
tetracycline: DT, drug therapy
tetracycline: PD, pharmacology
unindexed drug

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemether) 71963-77-4; (artemisinin) 63968-64-9; (artesunate) 82864-68-4, 88495-63-0; (atovaquone) 94015-53-9, 95233-18-4; (azithromycin) 83905-01-5; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (chlorproguanil) 537-21-3; (clindamycin) 18323-44-9; (dapsone) 80-08-0; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (fansidar) 37338-39-9; (fosmidomycin) 66508-37-0, 66508-53-0; (mefloquine) 51773-92-3, 53230-10-7; (metakelfin) 81247-66-7; (minocycline) 10118-90-8, 11006-27-2, 13614-98-7; (pafuramidine) 186953-56-0; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5, 637-32-1; (purine) 120-73-0; (pyrimethamine) 53640-38-3, 58-14-0;

(pyrimidine) 289-95-2; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (rifampicin) 13292-46-1; (sulfadoxine) 2447-57-6; (tetracycline) 23843-90-5, 60-54-8, 64-75-5

CHEMICAL NAME: db 289

L142 ANSWER 12 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2008473241 EMBASE Full-text

TITLE: Antimalarial drugs - What is in use and what is in the pipeline.

AUTHOR: Schlitzer, Martin (correspondence)

CORPORATE SOURCE: Philipps-Universitat, Institut fur Pharmazeutische Chemie, Marbacher Weg 6, D-35032 Marburg, Germany. martin.schlitzer@staff.uni-marburg.de

SOURCE: Archiv der Pharmazie, (March 2008) Vol. 341, No. 3, pp. 149-163.
Refs: 196
ISSN: 0365-6233 E-ISSN: 1521-4184 CODEN: ARPMAS

PUBLISHER: Wiley-VCH Verlag, P.O. Box 101161, Weinheim, D-69451, Germany.

COUNTRY: Germany

DOCUMENT TYPE: Journal; General Review; (Review)

FILE SEGMENT: 004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 12 Nov 2008
Last Updated on STN: 12 Nov 2008

ABSTRACT: Malaria continues to be a potentially fatal threat to almost half of the world's population. In light of this threat, the armory to fight this disease is rather limited. Resistance against the most common and affordable antimalarials is widespread. Only few new drugs are in clinical development, most of them belong to long used classes of antimalarial drugs. This review will concisely cover the drugs which are currently in use, and describe the drug candidates which are in clinical evaluation. .COPYRGT. 2008 Wiley-VCH Verlag GmbH & Co. KGaA.

CONTROLLED TERM: Medical Descriptors:
agranulocytosis: SI, side effect
antibiotic resistance
antibiotic sensitivity
antimalarial activity
blood pressure
clinical trial
depression: SI, side effect
drug efficacy
drug mechanism
drug potentiation
drug safety
drug screening
drug structure
drug synthesis
drug tolerability
drug treatment failure
heart arrhythmia: SI, side effect
hemolysis: SI, side effect

human
hypoglycemia: SI, side effect
IC 50
insomnia: SI, side effect
liver toxicity: SI, side effect
*malaria: DR, drug resistance
*malaria: DT, drug therapy
*malaria: EP, epidemiology
*malaria: ET, etiology
*malaria: PC, prevention
monotherapy
mortality
nonhuman
panic: SI, side effect
Plasmodium
priority journal
QT prolongation: SI, side effect
review
side effect: SI, side effect
Stevens Johnson syndrome: SI, side effect
toxic epidermal necrolysis: SI, side effect
unspecified side effect: SI, side effect

CONTROLLED TERM: Drug Descriptors:
2,5 bis(4 amidinophenyl)furan
3 (n acetyl n hydroxyamino)propylphosphonic acid
amodiaquine: AE, adverse drug reaction
amodiaquine: AN, drug analysis
amodiaquine: CB, drug combination
amodiaquine: DT, drug therapy
*antimalarial agent: DT, drug therapy
aq 13
artemether: AN, drug analysis
artemether: IT, drug interaction
artemether: DT, drug therapy
artemether: PO, oral drug administration
artemether: PK, pharmacokinetics
artemether: PD, pharmacology
artemether plus benflumetol: DT, drug therapy
artemisinin derivative: AN, drug analysis
artemisinin derivative: DT, drug therapy
artemisinin derivative: PK, pharmacokinetics
artemisinin derivative: PD, pharmacology
artesunate: CT, clinical trial
artesunate: AN, drug analysis
artesunate: CB, drug combination
artesunate: DT, drug therapy
artesunate: IM, intramuscular drug administration
artesunate: IV, intravenous drug administration
artesunate: PO, oral drug administration
artesunate: PK, pharmacokinetics
artesunate: PD, pharmacology
artesunate: RC, rectal drug administration
atovaquone: IT, drug interaction
atovaquone: DT, drug therapy
atovaquone: PD, pharmacology
atovaquone plus proguanil: AE, adverse drug reaction
atovaquone plus proguanil: DT, drug therapy
atovaquone plus proguanil: PD, pharmacology
benflumetol: IT, drug interaction
benflumetol: DT, drug therapy

benflumetol: PO, oral drug administration
chlorcycloguanil: AN, drug analysis
chlorcycloguanil: PD, pharmacology
chloroquine: AN, drug analysis
chloroquine: CB, drug combination
chloroquine: DT, drug therapy
chlorproguanil: CB, drug combination
chlorproguanil: IT, drug interaction
chlorproguanil: DT, drug therapy
chlorproguanil plus dapsone: AN, drug analysis
chlorproguanil plus dapsone: DT, drug therapy
clindamycin: CB, drug combination
clindamycin: DT, drug therapy
clindamycin: PK, pharmacokinetics
cycloguanil: AN, drug analysis
cycloguanil: PD, pharmacology
dapsone: CB, drug combination
dapsone: DT, drug therapy
dapsone: PD, pharmacology
dihydroartemisinin plus piperaquine: CT, clinical trial
dihydroartemisinin plus piperaquine: DT, drug therapy
doxycycline: CB, drug combination
doxycycline: DT, drug therapy
euartekin
fansidar: AE, adverse drug reaction
fansidar: CB, drug combination
fansidar: DT, drug therapy
gw 308678
gw 844520
halofantrine: AE, adverse drug reaction
halofantrine: DT, drug therapy
isq 1
lapdap+
liothyronine
mefloquine: AE, adverse drug reaction
mefloquine: AN, drug analysis
mefloquine: CB, drug combination
mefloquine: DT, drug therapy
oz 277
pafuramidine
  piperaquine: AE, adverse drug reaction
  piperaquine: DT, drug therapy
  primaquine: AE, adverse drug reaction
  primaquine: AN, drug analysis
  primaquine: DT, drug therapy
proguanil: AN, drug analysis
proguanil: IT, drug interaction
proguanil: PD, pharmacology
pyramax
pyrimethamine: CB, drug combination
pyrimethamine: DT, drug therapy
pyrimethamine: PD, pharmacology
pyronaridine: CT, clinical trial
pyronaridine: AN, drug analysis
pyronaridine: CB, drug combination
pyronaridine: DT, drug therapy
pyronaridine: IV, intravenous drug administration
quinine: AE, adverse drug reaction
quinine: CB, drug combination
quinine: DT, drug therapy

quinine: IV, intravenous drug administration
ssr 97193
sulfadoxine: CB, drug combination
sulfadoxine: DT, drug therapy
sulfadoxine: PD, pharmacology
tafenoquine
tetracycline: CB, drug combination
tetracycline: DT, drug therapy
unclassified drug
unindexed drug

SUPPLEMENTARY TERM: Antimicrobial activity; Chemotherapy; Malaria

CAS REGISTRY NO.: (3 (n acetyl n hydroxyamino)propylphosphonic acid) 66508-32-5; (amodiaquine) 69-44-3, 86-42-0; (artemether) 71963-77-4; (artemether plus benflumetol) 141204-94-6; (artesunate) 82864-68-4, 88495-63-0; (atovaquone) 94015-53-9, 95233-18-4; (benflumetol) 82186-77-4; (chlorcycloguanil) 152-53-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (chlorproguanil) 537-21-3; (clindamycin) 18323-44-9; (cycloguanil) 516-21-2; (dapsone) 80-08-0; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (fansidar) 37338-39-9; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (liothyronine) 6138-47-2, 6893-02-3; (mefloquine) 51773-92-3, 53230-10-7; (pafuramidine) 186953-56-0; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5, 637-32-1; (pyrimethamine) 53640-38-3, 58-14-0; (pyronaridine) 74847-35-1; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (sulfadoxine) 2447-57-6; (tafenoquine) 106635-80-7, 106635-81-8; (tetracycline) 23843-90-5, 60-54-8, 64-75-5

CHEMICAL NAME: aq 13; camoquin; coartem; db 289; db 75; euartekin; fansidar; fr 900098; gw 308678; gw 844520; isq 1; lapdap; lapdap+; malarone; oz 277; pyramax; riamet; ssr 97193; t 3; wr 238605

L142 ANSWER 13 OF 34 EMBASE

ACCESSION NUMBER: 2007153159 EMBASE Full-text

TITLE: The manzamines as an example of the unique structural classes available for the discovery and optimization of infectious disease controls based on marine natural products.

AUTHOR: Hamann, Mark T. (correspondence)
CORPORATE SOURCE: Department of Pharmacognosy, The National Center for Natural Products Research, The University of Mississippi, 407 Faser Hall, University, MS 38677, United States. mthamann@olemiss.edu
AUTHOR: Hamann, Mark T. (correspondence)
CORPORATE SOURCE: Department of Pharmacognosy, The Center for the Development of Natural Products, The University of Mississippi, 407 Faser Hall, University, MS 38677, United States. mthamann@olemiss.edu

SOURCE: Current Pharmaceutical Design, (Feb 2007) Vol. 13, No. 6, pp. 653-660.
Refs: 51
ISSN: 1381-6128 CODEN: CPDEFP
COUNTRY: Netherlands
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 030 Clinical and Experimental Pharmacology
036 Health Policy, Economics and Management

037 Drug Literature Index
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology

LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 2 May 2007
Last Updated on STN: 2 May 2007

ABSTRACT: Natural products have served humankind as drug leads for thousands of years. In the last century natural products have not only served as drugs but have inspired the generation of countless synthetic drugs and drug-leads around natural product pharmacophores. There are no disease targets for which natural products have played a more significant role than in the case of malaria and other parasitic diseases. In this review the significance of the manzamine class of marine alkaloids is presented as an example of the future utility of the oceans in the development of antiparasitics. The manzamines represent one of the few new structural classes identified in recent decades with potential for the control of malaria and tuberculosis. While considerable work remains to successfully optimize this class of drug-leads the novel pharmacophore and significant metabolic stability combined with a rapid onset of action and long half-life all strongly support further investigations of this group of potential drug candidates. .COPYRGT. 2007 Bentham Science Publishers Ltd.

CONTROLLED TERM: Medical Descriptors:
combination chemotherapy
cost effectiveness analysis
drug classification
drug half life
drug identification
drug mechanism
drug metabolism
drug research
drug stability
drug structure
drug targeting
infection control
malaria: DM, disease management
malaria: DR, drug resistance
malaria: DT, drug therapy
multidrug resistance
nonhuman
parasitosis
pharmacophore
priority journal
process optimization
product development
review
sea
tuberculosis: DT, drug therapy

CONTROLLED TERM: Drug Descriptors:
*alkaloid: AN, drug analysis
*alkaloid: PK, pharmacokinetics
*alkaloid: PD, pharmacology
amodiaquine: AN, drug analysis
antifungal agent
antimalarial agent: DT, drug therapy
antimalarial agent: PE, pharmacoeconomics
antinematodal agent
antineoplastic agent
antiparasitic agent: DV, drug development

artemisinin: AN, drug analysis
artemisinin: DT, drug therapy
artesunate: DT, drug therapy
artesunate: PE, pharmacoeconomics
atovaquone: AN, drug analysis
benflumetol: DT, drug therapy
chloroquine: AN, drug analysis
chloroquine: DT, drug therapy
chloroquine: PE, pharmacoeconomics
chlorproguanil plus dapsone: AN, drug analysis
chlorproguanil plus dapsone: DT, drug therapy
fansidar: AN, drug analysis
fansidar: DT, drug therapy
fansidar: PE, pharmacoeconomics
halofantrine: AN, drug analysis
indole alkaloid: DV, drug development
*manzamine derivative: AN, drug analysis
*manzamine derivative: PK, pharmacokinetics
*manzamine derivative: PD, pharmacology
mefloquine: AN, drug analysis
mefloquine: DT, drug therapy
natural product: AN, drug analysis
natural product: DV, drug development
natural product: PK, pharmacokinetics
natural product: PD, pharmacology
patellamide a: AN, drug analysis
patellamide a: DV, drug development
patellamide a: PD, pharmacology
patellamide c: AN, drug analysis
patellamide c: DV, drug development
patellamide c: PD, pharmacology
patellamide derivative: AN, drug analysis
patellamide derivative: DV, drug development
patellamide derivative: PD, pharmacology
piperaquine: DT, drug therapy
primaquine: AN, drug analysis
proguanil: AN, drug analysis
pyronaridine: DT, drug therapy
quinine: AN, drug analysis
quinine: DT, drug therapy
rifampicin: AN, drug analysis
rifampicin: PD, pharmacology
tuberculostatic agent
unindexed drug

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemisinin) 63968-64-9; (artesunate) 82864-68-4, 88495-63-0; (atovaquone) 94015-53-9, 95233-18-4; (benflumetol) 82186-77-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (fansidar) 37338-39-9; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (mefloquine) 51773-92-3, 53230-10-7; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5, 637-32-1; (pyronaridine) 74847-35-1; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (rifampicin) 13292-46-1

L142 ANSWER 14 OF 34 EMBASE

ACCESSION NUMBER: 2008102718 EMBASE Full-text

TITLE: Assessment of safety of the major antimalarial drugs.

AUTHOR: Chattopadhyay, Rana; Mahajan, Babita
CORPORATE SOURCE: Sanaria, Inc., Rockville, MD 20852, United States.
AUTHOR: Kumar, Sanjai (correspondence)
CORPORATE SOURCE: Center for Biologics Evaluation and Research, Division of Emerging and Transfusion Transmitted Diseases, Food and Drug Administration, Rockville, MD 20895, United States.
Sanjai.kumar@fda.hhs.gov
SOURCE: Expert Opinion on Drug Safety, (Sep 2007) Vol. 6, No. 5, pp. 505-521.
Refs: 243
ISSN: 1474-0338 CODEN: EODSA9
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
052 Toxicology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 12 Mar 2008
Last Updated on STN: 12 Mar 2008
ABSTRACT: Antimalarial drugs remain the major intervention tool for the global malaria control efforts that save millions of lives. Nonetheless, emergence and spread of Plasmodium parasites resistant against chloroquine and other major antimalarial drugs has brought the urgency to develop a new generation of safe and effective drugs against malaria. In this article, the safety data for major antimalarial drugs is reviewed. Although an ample amount of clinical data regarding the safety and tolerabiltiy of several of these drugs in older children and adults is available, more critical safety and tolerability studies in pregnant women and young children is desirable. To offset the partial loss in efficacy due to drug resistance in malaria parasites acquired against specific drugs, treatment regimens often rely upon the combination of two or more drugs. However, combination therapy requires additional safety, toxicity and tolerability studies in all population groups where these drugs are administered. A uniform standard in assessing the safety and tolerability of antimalarial drugs will be useful in the formulation and implementation of malaria treatment policies that are based on the drug effectiveness, safety and tolerability. .COPYRGT. 2007 Informa UK Ltd.

CONTROLLED TERM: Medical Descriptors:
abdominal pain: SI, side effect
abortion: SI, side effect
acute brain disease: SI, side effect
acute glomerulonephritis: SI, side effect
agranulocytosis: SI, side effect
anaphylaxis: SI, side effect
antimalarial activity
anxiety disorder: SI, side effect
Asian
atrioventricular conduction
Barrett esophagus: SI, side effect
blindness
blood toxicity: SI, side effect
blurred vision: SI, side effect
bradycardia: SI, side effect
brain pseudotumor: SI, side effect
brain toxicity: SI, side effect
cardiotoxicity: SI, side effect

Caucasian
chronic hepatitis: SI, side effect
clinical trial
coma
combination chemotherapy
complete heart block: SI, side effect
congenital malformation: CN, congenital disorder
consciousness disorder
convulsion: SI, side effect
cross resistance
cyanosis: SI, side effect
diarrhea: SI, side effect
disseminated intravascular clotting: SI, side effect
dizziness: SI, side effect
drug absorption
drug accumulation
drug blood level
drug choice
drug contraindication
drug cost
drug dose comparison
drug efficacy
drug excretion
drug fatality: SI, side effect
drug half life
drug hypersensitivity: SI, side effect
drug megadose
drug overdose
drug potency
*drug safety
drug tolerability
dysphoria: SI, side effect
dyspnea: SI, side effect
ECG abnormality: SI, side effect
eosinophilia: SI, side effect
erythema multiforme: SI, side effect
erythroderma: SI, side effect
esophagitis: SI, side effect
ethnic difference
face rash: SI, side effect
fatigue: SI, side effect
food
food drug interaction
gastrointestinal toxicity: SI, side effect
granulomatous hepatitis: SI, side effect
hallucination: SI, side effect
headache: SI, side effect
hearing impairment: SI, side effect
heart atrium flutter: SI, side effect
heart palpitation: SI, side effect
heart ventricle arrhythmia: SI, side effect
hemolysis: SI, side effect
hemolytic uremic syndrome: SI, side effect
human
hypoglycemia: SI, side effect
hypotension: SI, side effect
insomnia: SI, side effect
insulin release
intravascular hemolysis: SI, side effect
jaundice: SI, side effect

leukopenia: SI, side effect
lichen planus: SI, side effect
lichenoid eruption: SI, side effect
liver disease: SI, side effect
liver granuloma: SI, side effect
liver necrosis: SI, side effect
liver toxicity: SI, side effect
loading drug dose
long term care
lung disease: SI, side effect
*malaria: DR, drug resistance
*malaria: DT, drug therapy
*malaria: PC, prevention
malaria control
malaria falciparum: SI, side effect
megaloblastic anemia: SI, side effect
mental disease: SI, side effect
milk
monotherapy
mood disorder: SI, side effect
mouth ulcer: SI, side effect
muscle atrophy: SI, side effect
muscle weakness: SI, side effect
myocarditis: SI, side effect
nausea: SI, side effect
neurologic disease: SI, side effect
neuromuscular disease: SI, side effect
neurotoxicity: SI, side effect
nightmare: SI, side effect
nonhuman
odynophagia: SI, side effect
ototoxicity: SI, side effect
pancreatitis: SI, side effect
patient compliance
photosensitivity: SI, side effect
Plasmodium
polyarthritis: SI, side effect
PR interval
pruritus: SI, side effect
psoriasis: SI, side effect
psychosis: SI, side effect
purpura: SI, side effect
QRS complex
QT prolongation: SI, side effect
rash: SI, side effect
recommended drug dose
relapse: DT, drug therapy
relapse: PC, prevention
retina maculopathy: SI, side effect
retinopathy: SI, side effect
review
sex difference
side effect: SI, side effect
single drug dose
sinus arrhythmia: SI, side effect
skin toxicity: SI, side effect
sleep disorder: SI, side effect
spontaneous abortion: SI, side effect
Stevens Johnson syndrome: SI, side effect
thrombocytopenia: SI, side effect

tinnitus: SI, side effect
toxic epidermal necrolysis: SI, side effect
toxic hepatitis: SI, side effect
unspecified side effect: SI, side effect
urticaria: SI, side effect
vasculitis: SI, side effect
vertigo: SI, side effect
visual impairment: SI, side effect
vomiting: SI, side effect
weakness: SI, side effect

CONTROLLED TERM: Drug Descriptors:
amodiaquine: CB, drug combination
amodiaquine: DT, drug therapy
antibiotic agent: DT, drug therapy
*antimalarial agent: CM, drug comparison
*antimalarial agent: DT, drug therapy
arteether: DT, drug therapy
artemether: AE, adverse drug reaction
artemether: DT, drug therapy
artemether plus benflumetol: AE, adverse drug reaction
artemether plus benflumetol: CM, drug comparison
artemether plus benflumetol: DT, drug therapy
artemisinin: AE, adverse drug reaction
artemisinin: DT, drug therapy
artemisinin derivative: AE, adverse drug reaction
artemisinin derivative: DT, drug therapy
artemisinin derivative: TO, drug toxicity
artesunate: AE, adverse drug reaction
artesunate: CB, drug combination
artesunate: CM, drug comparison
artesunate: DT, drug therapy
atovaquone: AE, adverse drug reaction
atovaquone: CT, clinical trial
atovaquone: DT, drug therapy
atovaquone: PD, pharmacology
atovaquone plus proguanil: AE, adverse drug reaction
atovaquone plus proguanil: CM, drug comparison
atovaquone plus proguanil: IT, drug interaction
atovaquone plus proguanil: DT, drug therapy
atovaquone plus proguanil: PK, pharmacokinetics
atovaquone plus proguanil: PD, pharmacology
chloroquine: AE, adverse drug reaction
chloroquine: CB, drug combination
chloroquine: CM, drug comparison
chloroquine: DO, drug dose
chloroquine: DT, drug therapy
chloroquine: TO, drug toxicity
chloroquine: PK, pharmacokinetics
chloroquine: PD, pharmacology
chloroquine plus proguanil: AE, adverse drug reaction
chloroquine plus proguanil: CM, drug comparison
chloroquine plus proguanil: DT, drug therapy
clindamycin: AE, adverse drug reaction
clindamycin: CB, drug combination
clindamycin: DT, drug therapy
clindamycin: PA, parenteral drug administration
clindamycin: PK, pharmacokinetics
dihydroartemisinin: AE, adverse drug reaction
dihydroartemisinin: CM, drug comparison
dihydroartemisinin: DT, drug therapy

dihydroartemisinin plus piperaquine: AE, adverse drug reaction
dihydroartemisinin plus piperaquine: CM, drug comparison
dihydroartemisinin plus piperaquine: DT, drug therapy
doxycycline: AE, adverse drug reaction
doxycycline: CB, drug combination
doxycycline: CM, drug comparison
doxycycline: CR, drug concentration
doxycycline: DT, drug therapy
doxycycline: PK, pharmacokinetics
fansidar: AE, adverse drug reaction
fansidar: CB, drug combination
fansidar: DO, drug dose
fansidar: DT, drug therapy
fansidar: TO, drug toxicity
fansidar: PK, pharmacokinetics
folic acid antagonist: DT, drug therapy
folic acid antagonist: TO, drug toxicity
halofantrine: AE, adverse drug reaction
halofantrine: CM, drug comparison
halofantrine: CR, drug concentration
halofantrine: DO, drug dose
halofantrine: IT, drug interaction
halofantrine: DT, drug therapy
halofantrine: PK, pharmacokinetics
mefloquine: AE, adverse drug reaction
mefloquine: CT, clinical trial
mefloquine: CB, drug combination
mefloquine: CM, drug comparison
mefloquine: DO, drug dose
mefloquine: DT, drug therapy
mefloquine: PK, pharmacokinetics
  piperaquine: AE, adverse drug reaction
  piperaquine: CM, drug comparison
  piperaquine: DT, drug therapy
placebo
  primaquine: AE, adverse drug reaction
  primaquine: DO, drug dose
  primaquine: IT, drug interaction
  primaquine: DT, drug therapy
proguanil: AE, adverse drug reaction
proguanil: CB, drug combination
proguanil: DT, drug therapy
pyrimethamine: AE, adverse drug reaction
pyrimethamine: CB, drug combination
pyrimethamine: CM, drug comparison
pyrimethamine: DO, drug dose
pyrimethamine: DT, drug therapy
pyrimethamine: PK, pharmacokinetics
pyrimethamine: PD, pharmacology
quinine: AE, adverse drug reaction
quinine: CT, clinical trial
quinine: CB, drug combination
quinine: CM, drug comparison
quinine: CR, drug concentration
quinine: DO, drug dose
quinine: DT, drug therapy
quinine: TO, drug toxicity
quinine: IM, intramuscular drug administration
quinine: IV, intravenous drug administration

quinine: PO, oral drug administration
quinine: PR, pharmaceutics
sulfonamide: AE, adverse drug reaction
sulfonamide: CB, drug combination
sulfonamide: CM, drug comparison
sulfonamide: DT, drug therapy
sulfonamide: PK, pharmacokinetics
tetracycline: AE, adverse drug reaction
tetracycline: CB, drug combination
tetracycline: CM, drug comparison
tetracycline: CR, drug concentration
tetracycline: IT, drug interaction
tetracycline: DT, drug therapy
tetracycline: PO, oral drug administration
tetracycline: PK, pharmacokinetics
unindexed drug

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (arteether) 75887-54-6; (artemether plus benflumetol) 141204-94-6; (artemether) 71963-77-4; (artemisinin) 63968-64-9; (artesunate) 82864-68-4, 88495-63-0; (atovaquone) 94015-53-9, 95233-18-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (clindamycin) 18323-44-9; (dihydroartemisinin) 71939-50-9, 81496-81-3; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (fansidar) 37338-39-9; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (mefloquine) 51773-92-3, 53230-10-7; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5, 637-32-1; (pyrimethamine) 53640-38-3, 58-14-0; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (tetracycline) 23843-90-5, 60-54-8, 64-75-5

CHEMICAL NAME: (1) artekin; (2) coartem

COMPANY NAME: (1) Chongqing Holley Holding; (2) Novartis

L142 ANSWER 15 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2007548802 EMBASE Full-text

TITLE: Antimalarial drug toxicity: A review.

AUTHOR: Alkadi, Hussien O., Prof. (correspondence)

CORPORATE SOURCE: Faculty of Medicine and Health Sciences, Sana'a University, Sana'a, Yemen. hussien62@yahoo.com

AUTHOR: Alkadi, Hussien O., Prof. (correspondence)

CORPORATE SOURCE: Faculty of Medicine, Sana'a University, PO Box 13276, Sana'a, Yemen. hussien62@yahoo.com

SOURCE: Chemotherapy, (Nov 2007) Vol. 53, No. 6, pp. 385-391.
Refs: 43
ISSN: 0009-3157 CODEN: CHTHBK

COUNTRY: Switzerland

DOCUMENT TYPE: Journal; General Review; (Review)

FILE SEGMENT: 030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 29 Nov 2007
Last Updated on STN: 29 Nov 2007

ABSTRACT: Antimalarial drug toxicity is viewed differently depending upon whether the clinical indication is for malaria treatment or prophylaxis. In

the treatment of Plasmodium falciparum malaria, which has a high mortality if untreated, a greater risk of adverse reactions to antimalarial drugs is inevitable. As chloroquine resistance has become widespread, alternative agents may be used in treatment regimens, however, the toxicity of these antimalarial agents should be considered. Quinine is the mainstay for treating severe malaria due to its rare cardiovascular or CNS toxicity, but its hypoglycemic effect may be problematic. Mefloquine can cause dose-related serious neuropsychiatric toxicity and pyrimethamine-dapsone is associated with agranulocytosis, especially if the recommended dose is exceeded. Pyrimethamine-sulfadoxine and amodiaquine are associated with a relatively high incidence of potentially fatal reactions, and are no longer recommended for prophylaxis. Atovaquone/proguanil is an antimalarial combination with good efficacy and tolerability as prophylaxis and for treatment. The artemisinin derivatives have remarkable efficacy and an excellent safety record. Prescribing in pregnancy is a particular problem for clinicians because the risk-benefit ratio is often very unclear.

CONTROLLED TERM: Medical Descriptors:
abdominal pain: SI, side effect
agranulocytosis: SI, side effect
aminotransferase blood level
amylase blood level
anorexia: SI, side effect
anxiety
aphthous ulcer: SI, side effect
blindness: SI, side effect
brain toxicity: SI, side effect
cardiotoxicity: SI, side effect
central nervous system depression
depression: SI, side effect
dermatitis: SI, side effect
diarrhea: SI, side effect
dizziness: SI, side effect
drug effect
drug efficacy
drug safety
drug tolerability
drug withdrawal
dysphoria: SI, side effect
erythema multiforme: SI, side effect
esophagus ulcer: SI, side effect
eye toxicity: SI, side effect
fever: SI, side effect
folic acid deficiency: SI, side effect
gastrointestinal symptom: SI, side effect
gastrointestinal toxicity: SI, side effect
granulocytopenia: SI, side effect
granulocytosis: SI, side effect
hallucination: SI, side effect
headache: SI, side effect
hearing impairment: SI, side effect
heart arrest: SI, side effect
heart arrhythmia: SI, side effect
heart disease: SI, side effect
hematopoiesis
hemolysis: SI, side effect
hemolytic anemia: SI, side effect
hepatitis: SI, side effect
human

hypertension: SI, side effect
hypoglycemia: SI, side effect
hypotension: SI, side effect
insomnia: SI, side effect
kidney disease: SI, side effect
liver injury: SI, side effect
*malaria: DT, drug therapy
*malaria: ET, etiology
*malaria: PC, prevention
megaloblastic anemia: SI, side effect
methemoglobinemia: SI, side effect
mortality
nausea: SI, side effect
neuropsychiatric toxicity: SI, side effect
neurotoxicity: SI, side effect
orthostatic hypotension: SI, side effect
paranoia: SI, side effect
physician
Plasmodium falciparum
pregnancy
prescription
priority journal
prophylaxis
pruritus: SI, side effect
psychosis: SI, side effect
rash: SI, side effect
review
risk
risk benefit analysis
seizure: SI, side effect
serum sickness: SI, side effect
side effect: SI, side effect
Stevens Johnson syndrome: SI, side effect
tinnitus: SI, side effect
toxic epidermal necrolysis: SI, side effect
unpleasant dream: SI, side effect
visual disorder: SI, side effect
vivid dream: SI, side effect
vomiting: SI, side effect

CONTROLLED TERM: Drug Descriptors:
amodiaquine: AE, adverse drug reaction
amodiaquine: DT, drug therapy
amodiaquine: PD, pharmacology
*antimalarial agent: DT, drug therapy
artemether: DT, drug therapy
artemether plus benflumetol: AE, adverse drug reaction
artemether plus benflumetol: DT, drug therapy
artemether plus benflumetol: PO, oral drug administration
  artemisinin: CB, drug combination
  artemisinin: DT, drug therapy
  artemisinin derivative: DT, drug therapy
artesunate: CB, drug combination
artesunate: DT, drug therapy
artesunate: PO, oral drug administration
atovaquone: AE, adverse drug reaction
atovaquone: DT, drug therapy
atovaquone plus proguanil: AE, adverse drug reaction
atovaquone plus proguanil: DT, drug therapy
*chloroquine: AE, adverse drug reaction
*chloroquine: DT, drug therapy

*chloroquine: PA, parenteral drug administration
cotrimoxazole: CB, drug combination
cotrimoxazole: DT, drug therapy
doxycycline: AE, adverse drug reaction
doxycycline: DT, drug therapy
*fansidar: DT, drug therapy
halofantrine: DT, drug therapy
halofantrine: PD, pharmacology
isoniazid: CB, drug combination
isoniazid: DT, drug therapy
*mefloquine: AE, adverse drug reaction
*mefloquine: CB, drug combination
*mefloquine: DT, drug therapy
*mefloquine: PD, pharmacology
piperaquine: CB, drug combination
piperaquine: DT, drug therapy
piperaquine: PD, pharmacology
primaquine: AE, adverse drug reaction
primaquine: DT, drug therapy
pyrimethamine: AE, adverse drug reaction
pyrimethamine: DT, drug therapy
*pyrimethaminedapsone: AE, adverse drug reaction
*pyrimethaminedapsone: DT, drug therapy
*quinine: AE, adverse drug reaction
*quinine: DT, drug therapy
quinine sulfate: AE, adverse drug reaction
quinine sulfate: DT, drug therapy
quinine sulfate: PO, oral drug administration
rifampicin: CB, drug combination
rifampicin: DT, drug therapy
sulfamethoxazole: DT, drug therapy
trimethoprim: DT, drug therapy
trimethoprim: PD, pharmacology

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemether plus benflumetol) 141204-94-6; (artemether) 71963-77-4; (artemisinin) 63968-64-9; (artesunate) 82864-68-4, 88495-63-0; (atovaquone) 94015-53-9, 95233-18-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (cotrimoxazole) 8064-90-2; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (fansidar) 37338-39-9; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (isoniazid) 54-85-3, 62229-51-0, 65979-32-0; (mefloquine) 51773-92-3, 53230-10-7; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (pyrimethamine) 53640-38-3, 58-14-0; (quinine sulfate) 804-63-7; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (rifampicin) 13292-46-1; (sulfamethoxazole) 723-46-6; (trimethoprim) 738-70-5

L142 ANSWER 16 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2007301795 EMBASE Full-text
TITLE: Recent advances in malaria drug discovery.
AUTHOR: Lanteri, Charlotte A.; Johnson, Jacob D.; Waters, Norman C. (correspondence)
CORPORATE SOURCE: Division of Experimental Therapeutics, Walter Reed Army Institute of Research, 503 Robert Grant Avenue, Silver Spring, MD 20910, United States. norman.waters@us.army.mil
AUTHOR: Waters, Norman C. (correspondence)
CORPORATE SOURCE: Department of Parasitology, Division of Experimental

Therapeutics, Walter Reed Army Institute of Research, 503 Robert Grant Avenue, Silver Spring, MD 20910, United States . norman.waters@us.army.mil

SOURCE: Recent Patents on Anti-Infective Drug Discovery, (Jun 2007) Vol. 2, No. 2, pp. 95-114.
Refs: 194
ISSN: 1574-891X
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
052 Toxicology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 25 Jul 2007
Last Updated on STN: 25 Jul 2007

ABSTRACT: Malaria is responsible for over 300 million clinical cases annually and claims the lives of approximately 1-2 million. With a disease that has plagued humanity throughout history, one would think that better control measures would be in place to decrease the mortality and morbidity associated with malaria. Due to malaria drug resistance, an increase in the number of clinical infections and deaths is soon likely to be observed. Therefore, there is a push to identify and introduce new drug entities for malaria treatment and prophylaxis. In an effort to develop new malaria drugs, several different approaches have been implemented. These include the use of drug combinations of either new or existing antimalarials, exploitation of natural products, identification of resistance reversal or sensitizing agents and the targeting of specific malarial enzymes. Past experience has shown that introduction of the same chemical entities, such as quinolines and antifolates, results in only limited efficacy with resistance developing rapidly within one year of introduction. New approaches to drug discovery should identify novel chemotypes which circumvent the parasite's disposition to drug resistance. This review summarizes current efforts in malaria drug discovery as uncovered in recent patent literature. .COPYRGT. 2007 Bentham Science Publishers Ltd.

CONTROLLED TERM: Medical Descriptors:
antibiotic resistance
antimalarial activity
anxiety
central nervous system disease: SI, side effect
clinical trial
dizziness: SI, side effect
drowsiness: SI, side effect
drug design
drug efficacy
drug half life
drug potentiation
drug solubility
drug structure
drug targeting
fatality
fatigue: SI, side effect
headache: SI, side effect
human
hypotension: SI, side effect
infection control

injection site ulcer: SI, side effect
*malaria: DR, drug resistance
*malaria: DT, drug therapy
*malaria: PC, prevention
malaria control
mood
morbidity
mortality
neurologic disease: SI, side effect
nightmare: SI, side effect
nonhuman
panic: SI, side effect
patent
patient compliance
priority journal
review
sedation
side effect: SI, side effect
sleep disorder: SI, side effect
suicidal ideation: SI, side effect
tremor: SI, side effect
vomiting: SI, side effect

CONTROLLED TERM: Drug Descriptors:
amodiaquine: AN, drug analysis
amodiaquine: DT, drug therapy
antimalarial agent: CT, clinical trial
antimalarial agent: AN, drug analysis
antimalarial agent: DV, drug development
antimalarial agent: DT, drug therapy
antimalarial agent: TO, drug toxicity
antimalarial agent: PR, pharmaceutics
antimalarial agent: PK, pharmacokinetics
antimalarial agent: PD, pharmacology
artemisinin: AN, drug analysis
artemisinin: DT, drug therapy
artemisinin derivative: AN, drug analysis
artemisinin derivative: PR, pharmaceutics
artemisinin derivative: PD, pharmacology
artesunate: AE, adverse drug reaction
artesunate: CT, clinical trial
artesunate: AN, drug analysis
artesunate: CB, drug combination
artesunate: DT, drug therapy
atovaquone: AN, drug analysis
atovaquone: DT, drug therapy
azithromycin: DT, drug therapy
benflumetol: AN, drug analysis
benflumetol: DT, drug therapy
borinic acid derivative: AN, drug analysis
borinic acid derivative: DV, drug development
borinic acid derivative: DT, drug therapy
borinic acid derivative: PD, pharmacology
chloroquine: AN, drug analysis
chloroquine: CB, drug combination
chloroquine: IT, drug interaction
chloroquine: DT, drug therapy
chloroquine: PD, pharmacology
chlorpheniramine: AE, adverse drug reaction
chlorpheniramine: AN, drug analysis
chlorpheniramine: CB, drug combination

chlorpheniramine: PD, pharmacology
dapsone: AN, drug analysis
dapsone: DT, drug therapy
diamidine derivative: IM, intramuscular drug administration
diamidine derivative: IV, intravenous drug administration
diamidine derivative: PO, oral drug administration
doxycycline: AN, drug analysis
doxycycline: DT, drug therapy
folic acid antagonist: DT, drug therapy
halofantrine: AN, drug analysis
halofantrine: DT, drug therapy
mefloquine: AE, adverse drug reaction
mefloquine: CT, clinical trial
mefloquine: AN, drug analysis
mefloquine: CB, drug combination
mefloquine: DT, drug therapy
mefloquine: TO, drug toxicity
mefloquine: PO, oral drug administration
mefloquine: PD, pharmacology
new drug
pentamidine: AE, adverse drug reaction
pentamidine: DT, drug therapy
pentamidine: IM, intramuscular drug administration
pentamidine: IV, intravenous drug administration
pentamidine: PK, pharmacokinetics
piperaquine: AN, drug analysis
piperaquine: DT, drug therapy
primaquine derivative: AN, drug analysis
primaquine derivative: DT, drug therapy
proguanil: AN, drug analysis
proguanil: DT, drug therapy
protein farnesyltransferase inhibitor: AN, drug analysis
protein farnesyltransferase inhibitor: CM, drug comparison
protein farnesyltransferase inhibitor: DV, drug development
protein farnesyltransferase inhibitor: DT, drug therapy
protein farnesyltransferase inhibitor: PD, pharmacology
proteinase inhibitor: CB, drug combination
proteinase inhibitor: DV, drug development
proteinase inhibitor: IT, drug interaction
proteinase inhibitor: DT, drug therapy
proteinase inhibitor: PK, pharmacokinetics
proteinase inhibitor: PD, pharmacology
pyrimethamine: AN, drug analysis
pyrimethamine: DT, drug therapy
quinine: AN, drug analysis
quinine: CM, drug comparison
quinine: DT, drug therapy
quinine: PD, pharmacology
quinoline derivative: DT, drug therapy
sulfadoxine: AN, drug analysis
sulfadoxine: DT, drug therapy
tetracycline: AN, drug analysis
tetracycline: DT, drug therapy
tetracycline: PD, pharmacology
unindexed drug

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemisinin) 63968-64-9; (artesunate) 82864-68-4, 88495-63-0; (atovaquone) 94015-53-9, 95233-18-4; (azithromycin) 83905-01-5; (benflumetol) 82186-77-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (chlorpheniramine) 132-22-9;

(dapsone) 80-08-0; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (mefloquine) 51773-92-3, 53230-10-7; (pentamidine) 100-33-4; (piperaquine) 4085-31-8; (proguanil) 500-92-5, 637-32-1; (proteinase inhibitor) 37205-61-1; (pyrimethamine) 53640-38-3, 58-14-0; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (sulfadoxine) 2447-57-6; (tetracycline) 23843-90-5, 60-54-8, 64-75-5

L142 ANSWER 17 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2007420849 EMBASE Full-text
TITLE: [Review on antimalarial drug resistance].
Review on antimalarial drug resistance.
AUTHOR: Ringwald, P. (correspondence)
CORPORATE SOURCE: Organisation mondiale de la Sante, Geneve, Switzerland.
SOURCE: Medecine et Maladies Infectieuses, (Jun 2007) Vol. 37, No. SUPPL. 1, pp. S34-S36.
Refs: 6
ISSN: 0399-077X E-ISSN: 1769-6690 CODEN: MMAIB5
PUBLISHER IDENT.: S 0399-077X(07)80014-X
COUNTRY: France
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
006 Internal Medicine
LANGUAGE: French
ENTRY DATE: Entered STN: 20 Nov 2007
Last Updated on STN: 20 Nov 2007
CONTROLLED TERM: Medical Descriptors:
article
clinical practice
combination chemotherapy
drug efficacy
geographic distribution
human
Human immunodeficiency virus infection: EP, epidemiology
*malaria: DI, diagnosis
*malaria: DR, drug resistance
*malaria: DT, drug therapy
*malaria: EP, epidemiology
malaria control
monotherapy
*multidrug resistance
nonhuman
Plasmodium falciparum
Plasmodium ovale
Plasmodium vivax
tuberculosis: EP, epidemiology
world health organization
CONTROLLED TERM: Drug Descriptors:
amodiaquine: CB, drug combination
amodiaquine: CM, drug comparison
amodiaquine: DT, drug therapy
*antibiotic agent: DT, drug therapy

*antimalarial agent: DT, drug therapy
*antimalarial agent: PK, pharmacokinetics
*antimalarial agent: PD, pharmacology
arteether: DT, drug therapy
artemether: CB, drug combination
artemether: DT, drug therapy
artemisinin: DT, drug therapy
*artesunate: CB, drug combination
*artesunate: DT, drug therapy
atovaquone: DT, drug therapy
atovaquone: PK, pharmacokinetics
benflumetol: CB, drug combination
benflumetol: DT, drug therapy
benflumetol: PK, pharmacokinetics
*biguanide: DT, drug therapy
chloroquine: CM, drug comparison
chloroquine: DT, drug therapy
chlorproguanil: CB, drug combination
chlorproguanil: DT, drug therapy
dapsone: CB, drug combination
dapsone: DT, drug therapy
dihydroartemisinin: CB, drug combination
dihydroartemisinin: DT, drug therapy
doxycycline: DT, drug therapy
halofantrine: DT, drug therapy
halofantrine: PK, pharmacokinetics
mefloquine: CB, drug combination
mefloquine: DT, drug therapy
mefloquine: PK, pharmacokinetics
piperaquine: CB, drug combination
piperaquine: DT, drug therapy
primaquine: DT, drug therapy
proguanil: DT, drug therapy
pyrimethamine: CB, drug combination
pyrimethamine: DT, drug therapy
pyronaridine: CB, drug combination
pyronaridine: DT, drug therapy
quinidine: DT, drug therapy
quinine: DT, drug therapy
*sesquiterpene lactone: DT, drug therapy
sulfadoxine: CB, drug combination
sulfadoxine: DT, drug therapy
sulfalene: DT, drug therapy
*sulfonamide: DT, drug therapy
tetracycline: DT, drug therapy
unindexed drug

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (arteether) 75887-54-6; (artemether) 71963-77-4; (artemisinin) 63968-64-9; (artesunate) 82864-68-4, 88495-63-0; (atovaquone) 94015-53-9, 95233-18-4; (benflumetol) 82186-77-4; (biguanide) 56-03-1; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (chlorproguanil) 537-21-3; (dapsone) 80-08-0; (dihydroartemisinin) 71939-50-9, 81496-81-3; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (mefloquine) 51773-92-3, 53230-10-7; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5, 637-32-1; (pyrimethamine) 53640-38-3, 58-14-0; (pyronaridine) 74847-35-1; (quinidine) 56-54-2; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4,

549-49-5, 60-93-5, 7549-43-1; (sulfadoxine) 2447-57-6; (sulfalene) 152-47-6; (tetracycline) 23843-90-5, 60-54-8, 64-75-5

L142 ANSWER 18 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2006595274 EMBASE Full-text
TITLE: Current challenges in drug-resistant malaria.
AUTHOR: Gogtay, N.J. (correspondence); Kshirsagar, N.A.
CORPORATE SOURCE: Department of Clinical Pharmacology, Seth GS Medical College, KEM Hospital, Parel, Mumbai, India. njgogtay@hotmail.com
AUTHOR: Vaidya, A.B.
CORPORATE SOURCE: Center for Molecular Parasitology, Drexel University, College of Medicine, Philadelphia, PA, United States.
SOURCE: Journal of Postgraduate Medicine, (1 Oct 2006) Vol. 52, No. 4, pp. 241-242.
Refs: 23
ISSN: 0022-3859 CODEN: JPMDA3
COUNTRY: India
DOCUMENT TYPE: Journal; Editorial
FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology
036 Health Policy, Economics and Management
037 Drug Literature Index
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
LANGUAGE: English
ENTRY DATE: Entered STN: 21 Dec 2006
Last Updated on STN: 21 Dec 2006
CONTROLLED TERM: Medical Descriptors:
*antibiotic resistance
clinical trial
drug cost
drug efficacy
editorial
genotype
geographic distribution
human
India
*malaria: DM, disease management
*malaria: DR, drug resistance
*malaria: DT, drug therapy
*malaria: EP, epidemiology
malaria control
morbidity
mortality
Plasmodium falciparum
Plasmodium vivax
population research
relapse
CONTROLLED TERM: Drug Descriptors:
8 [4 (3 acetyl 4,5 dihydro 2 furylamino) 1 methylbutylamino] 6 methoxyquinoline: DT, drug therapy
aminoquinoline derivative: DT, drug therapy
antimalarial agent: CT, clinical trial
antimalarial agent: CB, drug combination
antimalarial agent: CM, drug comparison
antimalarial agent: DT, drug therapy
artemether plus benflumetol: DT, drug therapy
artemisinin derivative: CB, drug combination

artemisinin derivative: DT, drug therapy
artemisinin derivative: PE, pharmacoeconomics
artesunate: CB, drug combination
artesunate: CM, drug comparison
artesunate: DT, drug therapy
artesunate plus chlorproguanil plus dapsone: DT, drug therapy
atovaquone: DT, drug therapy
azithromycin: DT, drug therapy
chloroquine: CT, clinical trial
chloroquine: DT, drug therapy
db 289: DT, drug therapy
diamine derivative: DT, drug therapy
dihydroartemisinin: CB, drug combination
dihydroartemisinin derivative: CB, drug combination
dihydroartemisinin derivative: DT, drug therapy
fansidar: DT, drug therapy
isoquine: DT, drug therapy
mefloquine: CB, drug combination
mefloquine: CM, drug comparison
mefloquine: DT, drug therapy
oz 277: DT, drug therapy
piperaquine: CB, drug combination
piperaquine: CM, drug comparison
piperaquine: DT, drug therapy
piperquine: CB, drug combination
piperquine: DT, drug therapy
primaquine: DT, drug therapy
quinine: DT, drug therapy
tafenoquine: DT, drug therapy
unclassified drug

CAS REGISTRY NO.: (8 [4 (3 acetyl 4,5 dihydro 2 furylamino) 1 methylbutylamino] 6 methoxyquinoline) 79781-00-3; (artemether plus benflumetol) 141204-94-6; (artesunate) 82864-68-4, 88495-63-0; (atovaquone) 94015-53-9, 95233-18-4; (azithromycin) 83905-01-5; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (dihydroartemisinin) 71939-50-9, 81496-81-3; (fansidar) 37338-39-9; (mefloquine) 51773-92-3, 53230-10-7; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (tafenoquine) 106635-80-7, 106635-81-8

CHEMICAL NAME: db 289; oz 277

L142 ANSWER 19 OF 34 EMBASE

ACCESSION NUMBER: 2006217033 EMBASE Full-text

TITLE: Malaria.

AUTHOR: Ashley, Elizabeth; McGready, Rose; Proux, Stephane; Nosten, Francois (correspondence)

CORPORATE SOURCE: Shoklo Malaria Research Unit, Tak, 68/30 Ban Toong Road, Mae Sot, 63110, Thailand. SMRU@tropmedres.ac

AUTHOR: Ashley, Elizabeth; McGready, Rose; Nosten, Francois (correspondence)

CORPORATE SOURCE: Faculty of Tropical Medicine, Mahidol University, 420/6 Rajvithi Road, Bangkok, 10400, Thailand. SMRU@tropmedres.ac

AUTHOR: Ashley, Elizabeth; McGready, Rose; Nosten, Francois (correspondence)

CORPORATE SOURCE: Centre for Clinical Vaccinology, Tropical Medicine Churchill Hospital, Old Road, Headington, Oxford, United

Kingdom. SMRU@tropmedres.ac
SOURCE: Travel Medicine and Infectious Disease, (May 2006) Vol. 4, No. 3-4, pp. 159-173.
Refs: 78
ISSN: 1477-8939 CODEN: TMIDA4
PUBLISHER IDENT.: S 1477-8939(05)00074-8
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
052 Toxicology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 5 Jun 2006
Last Updated on STN: 5 Jun 2006

ABSTRACT: Malaria is increasing worldwide due to the emergence and spread of drug resistant strains. This poses major health and economic problems for the population living in endemic areas and increases the risk of infections in travelers. The diagnosis of malaria relies on a biological proof of infection by microscopy or with a rapid test. The treatment must be initiated without delay preferably with an artemisinin containing regimen. Uncomplicated malaria can be treated with oral drugs while severe infections will be hospitalized and treated with injectables. Special attention will be given to the most susceptible groups: children and pregnant women.

CONTROLLED TERM: Medical Descriptors:
abdominal pain: SI, side effect
agranulocytosis: SI, side effect
angioneurotic edema: SI, side effect
antimalarial activity
anxiety disorder: SI, side effect
aphthous ulcer: SI, side effect
article
asthma: SI, side effect
bacterial infection: SI, side effect
blood toxicity: SI, side effect
bone marrow suppression: SI, side effect
candidiasis: SI, side effect
cardiotoxicity: SI, side effect
clinical assessment
clinical feature
clinical trial
convulsion: DT, drug therapy
convulsion: SI, side effect
diagnostic error
diarrhea: SI, side effect
disease exacerbation: SI, side effect
disease severity
disseminated intravascular clotting: SI, side effect
dizziness: SI, side effect
dose response
drug absorption
drug choice
drug contraindication
drug cost

drug dose regimen
drug efficacy
drug eruption: SI, side effect
drug fatality: SI, side effect
drug fever: SI, side effect
drug half life
drug hypersensitivity: SI, side effect
drug indication
drug mechanism
drug overdose
drug safety
drug tolerability
dyserythropoiesis: SI, side effect
dysphagia: SI, side effect
endemic disease
enzyme inhibition
eosinophilia: SI, side effect
esophagus ulcer: SI, side effect
eye toxicity: SI, side effect
fetotoxicity
gastrointestinal symptom: SI, side effect
gastrointestinal toxicity: SI, side effect
glossitis: SI, side effect
hair loss: SI, side effect
headache: SI, side effect
hearing impairment: SI, side effect
heart palpitation: SI, side effect
hemolysis: SI, side effect
hemolytic anemia: SI, side effect
human
hypoglycemia: SI, side effect
infection prevention
infection risk
kidney failure: SI, side effect
laboratory test
liver toxicity: SI, side effect
*malaria: DI, diagnosis
*malaria: DR, drug resistance
*malaria: DT, drug therapy
*malaria: EP, epidemiology
*malaria: ET, etiology
*malaria: PC, prevention
monotherapy
nausea: SI, side effect
nephrotoxicity: SI, side effect
neurosis: SI, side effect
neutropenia: SI, side effect
nonhuman
pancreatitis: SI, side effect
patient compliance
pericarditis: SI, side effect
photosensitivity: SI, side effect
Plasmodium falciparum
Plasmodium malariae
Plasmodium ovale
Plasmodium vivax
prevalence
priority journal
pruritus: SI, side effect
pseudomembranous colitis: SI, side effect

psoriasis: SI, side effect
psychosis: SI, side effect
retina injury: SI, side effect
risk assessment
seizure: SI, side effect
sleep disorder: SI, side effect
stomatitis: SI, side effect
thrombocytopenia: SI, side effect
tinnitus: SI, side effect
travel
urticaria: SI, side effect
vertigo: SI, side effect
vomiting: SI, side effect
xerostomia: SI, side effect

CONTROLLED TERM: Drug Descriptors:
amodiaquine: AE, adverse drug reaction
amodiaquine: CM, drug comparison
amodiaquine: DT, drug therapy
antibiotic agent: AE, adverse drug reaction
antibiotic agent: CB, drug combination
antibiotic agent: DO, drug dose
antibiotic agent: DT, drug therapy
antibiotic agent: TO, drug toxicity
antibiotic agent: PD, pharmacology
antimalarial agent: AE, adverse drug reaction
antimalarial agent: CT, clinical trial
antimalarial agent: CB, drug combination
antimalarial agent: CM, drug comparison
antimalarial agent: DO, drug dose
antimalarial agent: DT, drug therapy
antimalarial agent: TO, drug toxicity
antimalarial agent: IM, intramuscular drug administration
antimalarial agent: IV, intravenous drug administration
antimalarial agent: PO, oral drug administration
antimalarial agent: PK, pharmacokinetics
antimalarial agent: PD, pharmacology
antimalarial agent: RC, rectal drug administration
artemether: AE, adverse drug reaction
artemether: CT, clinical trial
artemether: CB, drug combination
artemether: DO, drug dose
artemether: DT, drug therapy
artemether: TO, drug toxicity
artemether: IM, intramuscular drug administration
artemether: PO, oral drug administration
artemether: PK, pharmacokinetics
artemether plus benflumetol: CM, drug comparison
artemether plus benflumetol: DT, drug therapy
artemether plus benflumetol: PO, oral drug administration
artemisinin derivative: AE, adverse drug reaction
artemisinin derivative: CT, clinical trial
artemisinin derivative: CB, drug combination
artemisinin derivative: DO, drug dose
artemisinin derivative: DT, drug therapy
artemisinin derivative: TO, drug toxicity
artemisinin derivative: IM, intramuscular drug administration
artemisinin derivative: IV, intravenous drug administration
artemisinin derivative: PO, oral drug

administration
artemisinin derivative: PK, pharmacokinetics
artemisinin derivative: PD, pharmacology
artemisinin derivative: RC, rectal drug
administration
artesunate: AE, adverse drug reaction
artesunate: CT, clinical trial
artesunate: CB, drug combination
artesunate: DO, drug dose
artesunate: DT, drug therapy
artesunate: TO, drug toxicity
artesunate: IV, intravenous drug administration
artesunate: PO, oral drug administration
artesunate: PK, pharmacokinetics
artesunate: RC, rectal drug administration
atovaquone plus proguanil: AE, adverse drug reaction
atovaquone plus proguanil: CB, drug combination
atovaquone plus proguanil: DO, drug dose
atovaquone plus proguanil: DT, drug therapy
atovaquone plus proguanil: TO, drug toxicity
atovaquone plus proguanil: PK, pharmacokinetics
benflumetol: CB, drug combination
benflumetol: CM, drug comparison
benflumetol: DT, drug therapy
benflumetol: PO, oral drug administration
benflumetol: PK, pharmacokinetics
chloroquine: CB, drug combination
chloroquine: CM, drug comparison
chloroquine: DO, drug dose
chloroquine: DT, drug therapy
chloroquine: TO, drug toxicity
chloroquine: IV, intravenous drug administration
chloroquine: PD, pharmacology
chlorproguanil: CM, drug comparison
chlorproguanil: DT, drug therapy
chlorproguanil plus dapsone: AE, adverse drug reaction
chlorproguanil plus dapsone: CM, drug comparison
chlorproguanil plus dapsone: DT, drug therapy
clindamycin: AE, adverse drug reaction
clindamycin: DT, drug therapy
clindamycin: PD, pharmacology
diazepam: DT, drug therapy
diazepam: IV, intravenous drug administration
diazepam: RC, rectal drug administration
dihydrofolate reductase: EC, endogenous compound
doxycycline: CB, drug combination
doxycycline: DO, drug dose
doxycycline: DT, drug therapy
fansidar: DT, drug therapy
halofantrine: DT, drug therapy
mefloquine: AE, adverse drug reaction
mefloquine: CT, clinical trial
mefloquine: CB, drug combination
mefloquine: DO, drug dose
mefloquine: DT, drug therapy
mefloquine: TO, drug toxicity
mefloquine: PK, pharmacokinetics
phenobarbital: AE, adverse drug reaction
phenobarbital: DT, drug therapy
piperaquine: CB, drug combination

piperaquine: DT, drug therapy
primaquine: AE, adverse drug reaction
primaquine: CB, drug combination
primaquine: CM, drug comparison
primaquine: DO, drug dose
primaquine: DT, drug therapy
primaquine: PO, oral drug administration
proguanil: AE, adverse drug reaction
proguanil: CM, drug comparison
proguanil: DT, drug therapy
proguanil: PD, pharmacology
pyrimethamine: AE, adverse drug reaction
pyrimethamine: DT, drug therapy
pyrimethamine: PD, pharmacology
pyronaridine: AE, adverse drug reaction
pyronaridine: CT, clinical trial
pyronaridine: CB, drug combination
pyronaridine: DT, drug therapy
quinidine: AE, adverse drug reaction
quinidine: DT, drug therapy
quinidine: IV, intravenous drug administration
quinine: AE, adverse drug reaction
quinine: CB, drug combination
quinine: DO, drug dose
quinine: DT, drug therapy
quinine: IM, intramuscular drug administration
quinine: IV, intravenous drug administration
quinine: PO, oral drug administration
quinine: PA, parenteral drug administration
tafenoquine: CT, clinical trial
tafenoquine: CM, drug comparison
tafenoquine: DT, drug therapy
tafenoquine: PK, pharmacokinetics
tetracycline: CB, drug combination
tetracycline: DO, drug dose
tetracycline: DT, drug therapy
tetracycline: TO, drug toxicity
tetracycline: PD, pharmacology
unindexed drug

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemether plus benflumetol) 141204-94-6; (artemether) 71963-77-4; (artesunate) 82864-68-4, 88495-63-0; (benflumetol) 82186-77-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (chlorproguanil) 537-21-3; (clindamycin) 18323-44-9; (diazepam) 439-14-5; (dihydrofolate reductase) 9002-03-3; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (fansidar) 37338-39-9; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (mefloquine) 51773-92-3, 53230-10-7; (phenobarbital) 50-06-6, 57-30-7, 8028-68-0; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5, 637-32-1; (pyrimethamine) 53640-38-3, 58-14-0; (pyronaridine) 74847-35-1; (quinidine) 56-54-2; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (tafenoquine) 106635-80-7, 106635-81-8; (tetracycline) 23843-90-5, 60-54-8, 64-75-5

CHEMICAL NAME: (1) malarone; (2) riamet; coartem; lapdap

COMPANY NAME: (1) Glaxo SmithKline; (2) Novartis (Swaziland)

reserved on STN
ACCESSION NUMBER: 2005493113 EMBASE Full-text
TITLE: In vitro assessment of methylene blue on chloroquine-sensitive and -resistant Plasmodium falciparum strains reveals synergistic action with artemisinins.
AUTHOR: Akoachere, Monique; Buchholz, Kathrin; Fischer, Elisabeth; Becker, Katja (correspondence)
CORPORATE SOURCE: Interdisciplinary Research Centre, Justus-Liebig-University, Heinrich-Buff Ring 26-32, 35392 Giessen, Germany. becker.katja@gmx.de
AUTHOR: Buchholz, Kathrin; Schirmer, R. Heiner
CORPORATE SOURCE: Biochemistry Centre, Ruprecht-Karls-University, 69120 Heidelberg, Germany.
AUTHOR: Burhenne, Jurgen; Haefeli, Walter E.
CORPORATE SOURCE: Department of Internal Medicine VI, Clinical Pharmacology and Pharmacoepidemiology, Ruprecht-Karls-University, 69120 Heidelberg, Germany.
AUTHOR: Becker, Katja (correspondence)
CORPORATE SOURCE: Interdisciplinary Research Centre, Giessen University, Heinrich-Buff-Ring 26-32, 35392 Giessen, Germany. becker.katja@gmx.de
SOURCE: Antimicrobial Agents and Chemotherapy, (Nov 2005) Vol. 49, No. 11, pp. 4592-4597.
Refs: 38
ISSN: 0066-4804 CODEN: AMACCQ
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 037 Drug Literature Index
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 15 Dec 2005
Last Updated on STN: 15 Dec 2005
ABSTRACT: Methylene blue (MB) represents a promising antimalarial drug candidate for combination therapies against drug-resistant parasite strains.
To support and facilitate the application of MB in future field trials, we studied its antiparasitic effects in vitro. MB is active against all blood stages of both chloroquine (CQ)-sensitive and CQ-resistant P. falciparum strains with 50% inhibitory concentration (IC(50)) values in the lower nanomolar range. Ring stages showed the highest susceptibility. As demonstrated by high-performance liquid chromatography-tandem mass spectrometry on different cell culture compartments, MB is accumulated in malarial parasites. In drug combination assays, MB was found to be antagonistic with CQ and other quinoline antimalarials like piperaquine and amodiaquine; with mefloquine and quinine, MB showed additive effects. In contrast, we observed synergistic effects of MB with artemisinin, artesunate, and artemether for all tested parasite strains. Artemisinin/MB combination concentration ratios of 3:1 were found to be advantageous, demonstrating that the combination of artemisinin with a smaller amount of MB can be recommended for reaching maximal therapeutic effects. Our in vitro data indicate that combinations of MB with artemisinin and related endoperoxides might be a promising option for treating drug-resistant malaria and should be studied in future field trials. Resistance development under this drug combination is unlikely to occur.

CONTROLLED TERM: Medical Descriptors:
*antibiotic resistance
*antibiotic sensitivity

article
cell culture
drug activity
*drug potentiation
high performance liquid chromatography
IC 50
malaria
nonhuman
*Plasmodium falciparum
priority journal
tandem mass spectrometry

CONTROLLED TERM: Drug Descriptors:
amodiaquine: CB, drug combination
amodiaquine: IT, drug interaction
antimalarial agent: CB, drug combination
antimalarial agent: IT, drug interaction
artemether: CB, drug combination
artemether: IT, drug interaction
*artemisinin: CB, drug combination
*artemisinin: IT, drug interaction
artesunate: CB, drug combination
artesunate: IT, drug interaction
*chloroquine
endoperoxide
mefloquine: CB, drug combination
mefloquine: IT, drug interaction
*methylene blue: CB, drug combination
*methylene blue: IT, drug interaction
piperaquine: CB, drug combination
piperaquine: IT, drug interaction
primaquine: CB, drug combination
primaquine: IT, drug interaction
quinine: CB, drug combination
quinine: IT, drug interaction
quinoline derivative: CB, drug combination
quinoline derivative: IT, drug interaction

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemether) 71963-77-4; (artemisinin) 63968-64-9; (artesunate) 82864-68-4, 88495-63-0; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (mefloquine) 51773-92-3, 53230-10-7; (methylene blue) 61-73-4; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1

COMPANY NAME: Aldrich (United States); Roth (Germany); Sigma Aldrich (Germany); Swiss tropical institute (Switzerland)

L142 ANSWER 21 OF 34 EMBASE

ACCESSION NUMBER: 2005333080 EMBASE Full-text
TITLE: Antimalarial drugs: Current status and new developments.
AUTHOR: Rathore, Dharmendar
CORPORATE SOURCE: Virginia Bioinformatics Institute, Virginia Polytechnic Institute and State University, Washington Street, Blacksburg, VA 24061, United States.
AUTHOR: McCutchan, Thomas F.; Sullivan, Margery
CORPORATE SOURCE: Laboratory of Malaria and Vector Research, National Institute of Allergy and Infectious Disease, Twinbrook Parkway, Rockville, MD 20850, United States.
AUTHOR: Kumar, Sanjai (correspondence)
CORPORATE SOURCE: Division of Emerging and Transfusion Transmitted Diseases,

Center for Biologics Evaluation and Research, Food and Drug Administration, Rockville Pike, Rockville, MD 20850, United States. KumarS@cber.fda.gov

SOURCE: Expert Opinion on Investigational Drugs, (Jul 2005) Vol. 14, No. 7, pp. 871-883.
Refs: 111
ISSN: 1354-3784 CODEN: EOIDER
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 25 Aug 2005
Last Updated on STN: 25 Aug 2005

ABSTRACT: Malaria continues to be a major threat in the developing world, with > 1 million clinical episodes and 3000 deaths every day. In the last century, malaria claimed between 150 and 300 million lives, accounting for 2 - 5% of all deaths. Currently - 40% of the world population resides in areas of active malaria transmission. The disease symptoms are most severe in young children and pregnant women. A total of 90% of the disease-associated mortality occurs in Subsaharan Africa, despite the fact that malaria is indigenous to most tropical regions. A licensed vaccine for malaria has not become a reality and antimalarial drugs are the only available method of treatment. Although chloroquine, the first synthetically developed antimalarial, proved to be an almost magical cure for > 30 years, the emergence and spread of chloroquine-resistant parasites has made it virtually ineffective in most parts of the world. Currently, artemisinin, a plant-derived antimalarial, is the only available drug that is globally effective against the parasite. Although several new drugs have been introduced in the past 30 years, widespread or isolated cases of resistance indicate that their window of effectiveness will be limited. Thus, there is an urgent need to develop new therapeutics and regimens for malaria control. This article presents an overview of the currently available antimalarial chemotherapy options and the efforts being undertaken to develop new drugs based on both the recent technological advances and modifications to the old remedies, and on combination therapies.

CONTROLLED TERM: Medical Descriptors:
Africa
antimalarial activity
antimicrobial activity
apicoplast
clinical trial
developing country
diarrhea: SI, side effect
drug absorption
drug design
drug dosage form
drug efficacy
drug elimination
drug half life
drug potentiation
drug safety
drug structure
drug targeting
drug tolerability
enzyme inhibition

fatty acid synthesis
geographic distribution
heart arrhythmia: SI, side effect
hemolysis: SI, side effect
host parasite interaction
human
in vitro study
infection resistance
*malaria: DR, drug resistance
*malaria: DT, drug therapy
*malaria: EP, epidemiology
malaria control
malaria falciparum: DR, drug resistance
malaria falciparum: DT, drug therapy
malaria falciparum: EP, epidemiology
methemoglobinemia: SI, side effect
mortality
multidrug resistance
neurologic disease: SI, side effect
nonhuman
Plasmodium vivax
prevalence
review
single drug dose
stomach pain: SI, side effect
structure activity relation
symptomatology

CONTROLLED TERM: Drug Descriptors:
16alpha bromoepiandrosterone: BD, buccal drug administration
16alpha bromoepiandrosterone: CT, clinical trial
16alpha bromoepiandrosterone: DT, drug therapy
16alpha bromoepiandrosterone: PK, pharmacokinetics
16alpha bromoepiandrosterone: PD, pharmacology
4 pyridone derivative: CM, drug comparison
4 pyridone derivative: DV, drug development
amodiaquine: CT, clinical trial
amodiaquine: CB, drug combination
amodiaquine: CM, drug comparison
amodiaquine: DT, drug therapy
*antimalarial agent: AE, adverse drug reaction
*antimalarial agent: CT, clinical trial
*antimalarial agent: AN, drug analysis
*antimalarial agent: CB, drug combination
*antimalarial agent: CM, drug comparison
*antimalarial agent: DV, drug development
*antimalarial agent: DO, drug dose
*antimalarial agent: IT, drug interaction
*antimalarial agent: DT, drug therapy
*antimalarial agent: PO, oral drug administration
*antimalarial agent: PK, pharmacokinetics
*antimalarial agent: PD, pharmacology
artemether plus benflumetol: CT, clinical trial
artemether plus benflumetol: DT, drug therapy
artemisinin: CT, clinical trial
artemisinin: AN, drug analysis
artemisinin: CB, drug combination
artemisinin: DV, drug development
artemisinin: DT, drug therapy
artemisinin: PK, pharmacokinetics

artemisinin: PD, pharmacology
artesunate: CT, clinical trial
artesunate: CB, drug combination
artesunate: CM, drug comparison
artesunate: DV, drug development
artesunate: DT, drug therapy
atovaquone plus proguanil: CT, clinical trial
atovaquone plus proguanil: CM, drug comparison
atovaquone plus proguanil: DT, drug therapy
benflumetol: DT, drug therapy
benflumetol: PK, pharmacokinetics
chloroquine: CT, clinical trial
chloroquine: DV, drug development
chloroquine: DT, drug therapy
chloroquine: PD, pharmacology
clindamycin: CT, clinical trial
clindamycin: CB, drug combination
clindamycin: CM, drug comparison
clindamycin: IT, drug interaction
clindamycin: DT, drug therapy
db 289: CT, clinical trial
db 289: CB, drug combination
db 289: DV, drug development
db 289: DO, drug dose
db 289: DT, drug therapy
db 289: PO, oral drug administration
db 289: PD, pharmacology
diamidine derivative: CT, clinical trial
diamidine derivative: CB, drug combination
diamidine derivative: DV, drug development
diamidine derivative: DO, drug dose
diamidine derivative: DT, drug therapy
diamidine derivative: PD, pharmacology
dihydroartemisinin: CB, drug combination
dihydroartemisinin: DV, drug development
dihydroartemisinin: DT, drug therapy
fosmidomycin: CT, clinical trial
fosmidomycin: CB, drug combination
fosmidomycin: CM, drug comparison
fosmidomycin: IT, drug interaction
fosmidomycin: DT, drug therapy
halofantrine: AE, adverse drug reaction
halofantrine: DT, drug therapy
ketone derivative: DT, drug therapy
ketone derivative: PO, oral drug administration
ketone derivative: PD, pharmacology
manzamine A: AN, drug analysis
manzamine A: DT, drug therapy
manzamine A: PO, oral drug administration
manzamine A: PK, pharmacokinetics
manzamine A: PD, pharmacology
mefliam
mefloquine: AE, adverse drug reaction
mefloquine: CB, drug combination
mefloquine: DV, drug development
mefloquine: DT, drug therapy
mefloquine: PK, pharmacokinetics
mefloquine: PD, pharmacology
peptide deformylase inhibitor: CR, drug concentration
peptide deformylase inhibitor: DT, drug therapy

peptide deformylase inhibitor: PD, pharmacology
piperaquine: CT, clinical trial
piperaquine: CB, drug combination
piperaquine: DV, drug development
piperaquine: DT, drug therapy
prasterone: BD, buccal drug administration
prasterone: CT, clinical trial
prasterone: DT, drug therapy
prasterone: PK, pharmacokinetics
prasterone: PD, pharmacology
primaquine: AE, adverse drug reaction
primaquine: CT, clinical trial
primaquine: CB, drug combination
primaquine: DT, drug therapy
protein farnesyltransferase inhibitor: DT, drug therapy
protein farnesyltransferase inhibitor: PD, pharmacology
proteinase inhibitor: AN, drug analysis
proteinase inhibitor: DV, drug development
proteinase inhibitor: PO, oral drug administration
proteinase inhibitor: PD, pharmacology
pyronaridine: CT, clinical trial
pyronaridine: CB, drug combination
pyronaridine: DV, drug development
pyronaridine: DT, drug therapy
sulfone derivative: DT, drug therapy
sulfone derivative: PO, oral drug administration
sulfone derivative: PD, pharmacology
tafenoquine: AE, adverse drug reaction
tafenoquine: CT, clinical trial
tafenoquine: DO, drug dose
tafenoquine: DT, drug therapy
tafenoquine: PK, pharmacokinetics
tafenoquine: PD, pharmacology
triclosan: AN, drug analysis
triclosan: DV, drug development
triclosan: PD, pharmacology
unclassified drug
unindexed drug

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemether plus benflumetol) 141204-94-6; (artemisinin) 63968-64-9; (artesunate) 82864-68-4, 88495-63-0; (benflumetol) 82186-77-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (clindamycin) 18323-44-9; (dihydroartemisinin) 71939-50-9, 81496-81-3; (fosmidomycin) 66508-37-0, 66508-53-0; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (manzamine A) 104196-68-1, 104264-80-4; (mefloquine) 51773-92-3, 53230-10-7; (piperaquine) 4085-31-8; (prasterone) 53-43-0; (primaquine) 90-34-6; (proteinase inhibitor) 37205-61-1; (pyronaridine) 74847-35-1; (tafenoquine) 106635-80-7, 106635-81-8; (triclosan) 3380-34-5

CHEMICAL NAME: db 289; lariam; malarone; mefliam; mephaquine

L142 ANSWER 22 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2005085820 EMBASE Full-text

TITLE: Malaria misconceptions [3].

AUTHOR: Nosten, Francois (correspondence); McGready, Rose; Ashley, Elizabeth; White, Nicholas J.

CORPORATE SOURCE: SMRU, Po Box 46, Maesot 63110, Thailand. SMRU@tropmedres.ac

SOURCE: Lancet, (19 Feb 2005) Vol. 365, No. 9460, pp. 653.
Refs: 5
ISSN: 0140-6736 CODEN: LANCAO
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Letter
FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology
037 Drug Literature Index
038 Adverse Reactions Titles
006 Internal Medicine
LANGUAGE: English
ENTRY DATE: Entered STN: 10 Mar 2005
Last Updated on STN: 10 Mar 2005
CONTROLLED TERM: Medical Descriptors:
birth defect: SI, side effect
dose response
drug efficacy
drug formulation
drug safety
human
letter
low drug dose
*malaria: DT, drug therapy
pregnancy
priority journal
CONTROLLED TERM: Drug Descriptors:
artemether plus benflumetol: DT, drug therapy
artemisinin derivative: AE, adverse drug reaction
artesunate: CB, drug combination
artesunate: DO, drug dose
artesunate: DT, drug therapy
atovaquone plus proguanil: DT, drug therapy
chloroquine: DT, drug therapy
dihydroartemisinin: CB, drug combination
dihydroartemisinin: DT, drug therapy
halofantrine: DT, drug therapy
mefloquine: CB, drug combination
mefloquine: DO, drug dose
mefloquine: DT, drug therapy
piperaquine: CB, drug combination
piperaquine: DT, drug therapy
primaquine: CB, drug combination
primaquine: DT, drug therapy
quinine: AE, adverse drug reaction
CAS REGISTRY NO.: (artemether plus benflumetol) 141204-94-6; (artesunate) 82864-68-4, 88495-63-0; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (dihydroartemisinin) 71939-50-9, 81496-81-3; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (mefloquine) 51773-92-3, 53230-10-7; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1

L142 ANSWER 23 OF 34 EMBASE
ACCESSION NUMBER: 2005167643 EMBASE Full-text
TITLE: Pediatric malaria in the developing world.
AUTHOR: Summer, Andrea P.
CORPORATE SOURCE: Department of Pediatrics, Medical University of South Carolina, Charleston, SC, United States.
AUTHOR: Stauffer, William M.

CORPORATE SOURCE: Div. of Infect. Dis. and Intl. Med., Department of Medicine, University of Minnesota, St. Paul, MN, United States.
AUTHOR: Stauffer, William M.
CORPORATE SOURCE: Regions Hospital/HealthPartners, Center for International Health, International Travel Clinic, St. Paul, MN, United States.
AUTHOR: Fischer, Philip R., Dr. (correspondence)
CORPORATE SOURCE: Dept. of Pediat. and Adol. Medicine, Mayo Clinic, 200 First Street SW, Rochester, MN 55905, United States. fischer.phil@mayo.edu
SOURCE: Seminars in Pediatric Infectious Diseases, (Apr 2005) Vol. 16, No. 2, pp. 105-115.
Refs: 107
ISSN: 1045-1870 CODEN: SPIDFJ
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
007 Pediatrics and Pediatric Surgery
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 5 May 2005
Last Updated on STN: 5 May 2005
ABSTRACT: Hundreds of millions of people suffer from malaria, and more than a million children die of malaria each year. Malaria typically presents with fever and headache, but the presentation often is nonspecific. The diagnosis should be based on blood tests, and thick and thin smears are the standard means of identifying parasites. In some areas, chloroquine still is effective as treatment, but other medications are needed in most parts of the world. Patients with severe disease (altered consciousness, marked anemia, and/or respiratory distress) should begin therapy parenterally. Control measures depend on the use of insecticide-treated bednets, early identification and treatment of symptomatic individuals, and intermittent preventive therapy. Progress continues toward the development of a useful vaccine.

CONTROLLED TERM: Medical Descriptors:
anemia
Anopheles
blood analysis
breeding
cardiovascular disease: SI, side effect
chill
clinical feature
clinical trial
consciousness disorder
cost benefit analysis
counseling
diagnostic accuracy
diagnostic procedure
diarrhea: SI, side effect
disease severity
dizziness: SI, side effect
drug efficacy
drug safety
dysphoria: SI, side effect
endemic disease

enzyme linked immunosorbent assay
fever
headache
health program
heart arrhythmia: SI, side effect
human
hyperinsulinemia: SI, side effect
hypoglycemia: SI, side effect
hypotension: SI, side effect
life cycle
*malaria: CN, congenital disorder
*malaria: DM, disease management
*malaria: DT, drug therapy
*malaria: EP, epidemiology
*malaria: PC, prevention
malaria falciparum: DT, drug therapy
malaria falciparum: EP, epidemiology
microscopy
morbidity
mortality
myalgia
nausea: SI, side effect
nausea and vomiting: SI, side effect
newborn death
parasite transmission
*pediatrics
physical disease by body function
Plasmodium
polymerase chain reaction
premature labor
prevalence
prophylaxis
pruritus: SI, side effect
psychosis: SI, side effect
pulse rate
QT prolongation: SI, side effect
respiratory distress
review
rigor
seizure: SI, side effect
side effect: SI, side effect
skin discoloration: SI, side effect
smear
vomiting: DT, drug therapy
vomiting: SI, side effect
world health organization

CONTROLLED TERM: Drug Descriptors:
'ramet'
amodiaquine: CB, drug combination
amodiaquine: DT, drug therapy
antiemetic agent: DT, drug therapy
antiemetic agent: IV, intravenous drug administration
antiemetic agent: PO, oral drug administration
antimalarial agent: AE, adverse drug reaction
antimalarial agent: CT, clinical trial
antimalarial agent: CB, drug combination
antimalarial agent: DO, drug dose
antimalarial agent: DT, drug therapy
artecom
artemether: DO, drug dose

artemether: DT, drug therapy
artemether: IM, intramuscular drug administration
artemether plus benflumetol: DT, drug therapy
  artemisinin: CB, drug combination
  artemisinin: DT, drug therapy
  artemisinin: IM, intramuscular drug administration
  artemisinin derivative: DO, drug dose
  artemisinin derivative: DT, drug therapy
artesunate: CB, drug combination
artesunate: DO, drug dose
artesunate: DT, drug therapy
artesunate plus chlorproguanil plus dapsone: DT, drug therapy
atovaquone: CB, drug combination
atovaquone: DT, drug therapy
atovaquone plus proguanil: AE, adverse drug reaction
atovaquone plus proguanil: CT, clinical trial
atovaquone plus proguanil: DO, drug dose
atovaquone plus proguanil: DT, drug therapy
cda
chloroquine: AE, adverse drug reaction
chloroquine: CB, drug combination
chloroquine: DO, drug dose
chloroquine: DT, drug therapy
chloroquine: TO, drug toxicity
chlorproguanil plus dapsone
clindamycin: CT, clinical trial
clindamycin: CB, drug combination
clindamycin: DO, drug dose
clindamycin: DT, drug therapy
cv8
dihydroartemisinin: CB, drug combination
dihydroartemisinin: DT, drug therapy
doxycycline: CT, clinical trial
doxycycline: CB, drug combination
doxycycline: DO, drug dose
doxycycline: DT, drug therapy
fansidar: CT, clinical trial
fansidar: CB, drug combination
fansidar: DO, drug dose
fansidar: DT, drug therapy
fansimef
halofantrine: AE, adverse drug reaction
halofantrine: DO, drug dose
halofantrine: DT, drug therapy
malaria vaccine: CT, clinical trial
malaria vaccine: DT, drug therapy
mefloquine: AE, adverse drug reaction
mefloquine: CB, drug combination
mefloquine: DO, drug dose
mefloquine: DT, drug therapy
naphthoquinone: CB, drug combination
naphthoquinone: DT, drug therapy
  piperaquine: CB, drug combination
  piperaquine: DT, drug therapy
  primaquine: CB, drug combination
  primaquine: DO, drug dose
  primaquine: DT, drug therapy
  primaquine: PO, oral drug administration
proguanil: CB, drug combination

proguanil: DT, drug therapy
pyronaridine: CB, drug combination
pyronaridine: DT, drug therapy
quinidine gluconate: AE, adverse drug reaction
quinidine gluconate: DO, drug dose
quinidine gluconate: DT, drug therapy
quinidine gluconate: IV, intravenous drug administration
quinidine gluconate: PO, oral drug administration
quinine: AE, adverse drug reaction
quinine: CB, drug combination
quinine: DO, drug dose
quinine: DT, drug therapy
quinine: IM, intramuscular drug administration
quinine: IV, intravenous drug administration
quinine: PO, oral drug administration
quinine sulfate: CB, drug combination
quinine sulfate: DO, drug dose
quinine sulfate: DT, drug therapy
quinine sulfate: PO, oral drug administration
trimethoprim: CB, drug combination
trimethoprim: DT, drug therapy

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemether plus benflumetol) 141204-94-6; (artemether) 71963-77-4; (artemisinin) 63968-64-9; (artesunate) 82864-68-4, 88495-63-0; (atovaquone) 94015-53-9, 95233-18-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (clindamycin) 18323-44-9; (dihydroartemisinin) 71939-50-9, 81496-81-3; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (fansidar) 37338-39-9; (fansimef) 69191-18-0; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (mefloquine) 51773-92-3, 53230-10-7; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5, 637-32-1; (pyronaridine) 74847-35-1; (quinidine gluconate) 7054-25-3; (quinine sulfate) 804-63-7; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (trimethoprim) 738-70-5

CHEMICAL NAME: 'ramet'; artecom; cda; coartem; cv8; fansimef; lapdap; malarone

L142 ANSWER 24 OF 34 EMBASE

ACCESSION NUMBER: 2005380171 EMBASE Full-text
TITLE: Drug discovery and beyond: The role of public-private partnerships in improving access to new malaria medicines.
AUTHOR: Nwaka, Solomon (correspondence)
CORPORATE SOURCE: Medicines for Malaria Venture, P.O. Box 1826, CH-1215 Geneva 15, Switzerland. nwakas@who.int
AUTHOR: Nwaka, Solomon (correspondence)
CORPORATE SOURCE: UNICEF, WHO Special Programme for Research and Training in Tropical Diseases, World Health Organization, 20 Avenue Appia, 1211 Geneva, Switzerland. nwakas@who.int
SOURCE: Transactions of the Royal Society of Tropical Medicine and Hygiene, (2005) Vol. 99, No. SUPPL. 1, pp. S20-S29. Refs: 21
ISSN: 0035-9203 CODEN: TRSTAZ
PUBLISHER IDENT.: S 0035-9203(05)00140-9
COUNTRY: Netherlands
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology

036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology

LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 15 Sep 2005
Last Updated on STN: 15 Sep 2005

ABSTRACT: Traditional pharmaceutical research and development (R&D) strategy has failed to address the desperate need for new antimalarial drugs. The populations affected are too poor to attract commercially-driven R&D. Over the last few years, a new model, the public-private partnership for product development, has radically changed the antimalarial R&D landscape. The partnerships bring together academic and industry expertise with funding from governmental, philanthropic and charitable sources. The Medicines for Malaria Venture, a not-for-profit foundation based in Geneva, aims to develop new antimalarials for developing countries through public-private partnership. It is currently managing a portfolio of around 20 projects at various stages of development. However, as in all drug R&D, some of these projects will fail. The portfolio approach helps to maximize the chances of success, but there are obvious challenges, including financial and managerial ones. Proactive management of the two vital interfaces in the drug supply chain is important for success. Upstream, basic research must be aligned with translational research in order to ensure a continuous supply of leads into the development pipeline. Meanwhile, downstream, drug discovery and development must be aligned with access to ensure optimal health impact. All stages require partnership, sustainable financing and the engagement of disease-endemic countries. The recent G8 report on Africa has lent support to mechanisms aimed at improving health and achieving the Millenium Development Goals. .COPYRGT. 2005 Published by Elsevier Ltd on behalf of Royal Society of Tropical Medicine and Hygiene.

CONTROLLED TERM: Medical Descriptors:
article
clinical study
clinical trial
developing country
drug cost
drug manufacture
drug research
endemic disease
finance
health care delivery
health promotion
human
*malaria: DM, disease management
*malaria: DT, drug therapy
neurotoxicity: SI, side effect
organization

CONTROLLED TERM: Drug Descriptors:
8 aminoquinoline derivative: DT, drug therapy
amodiaquine: DT, drug therapy
*antimalarial agent: DT, drug therapy
*antimalarial agent: PE, pharmacoeconomics
artekin: CT, clinical trial
artekin: DT, drug therapy
artekin: PE, pharmacoeconomics
artemether plus benflumetol: DT, drug therapy

artemether plus benflumetol: PE, pharmacoeconomics
artemifone: DT, drug therapy
artemisinin derivative: AE, adverse drug reaction
artemisinin derivative: DT, drug therapy
artemisinin derivative: PO, oral drug administration
artemisinin derivative: PE, pharmacoeconomics
artesunate plus chlorproguanil plus dapsone: DT, drug therapy
atovaquone plus proguanil: DT, drug therapy
atovaquone plus proguanil: PE, pharmacoeconomics
chloroquine: DT, drug therapy
chlorproguanil plus dapsone: DT, drug therapy
chlorproguanil plus dapsone: PE, pharmacoeconomics
cysteine proteinase inhibitor: DT, drug therapy
db 289
db 829: DT, drug therapy
dihydroartemisinin: CT, clinical trial
dihydroartemisinin: DT, drug therapy
dihydroartemisinin: PE, pharmacoeconomics
dihydrofolate reductase inhibitor: DT, drug therapy
fansidar: DT, drug therapy
gw 844520
halofantrine: DT, drug therapy
halofantrine: PE, pharmacoeconomics
imidazolidine derivative: DT, drug therapy
mefloquine: DT, drug therapy
mefloquine: PE, pharmacoeconomics
natural product
new drug
piperaquine: CT, clinical trial
piperaquine: DT, drug therapy
piperaquine: PE, pharmacoeconomics
primaquine: DT, drug therapy
*protein farnesyltransferase inhibitor: DT, drug therapy
pyridone derivative
pyronaridine: DT, drug therapy
quinine: DT, drug therapy
rbx 11160: DT, drug therapy
rbx 11160: PO, oral drug administration
rbx 11160: PE, pharmacoeconomics
unclassified drug
unindexed drug

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemether plus benflumetol) 141204-94-6; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (dihydroartemisinin) 71939-50-9, 81496-81-3; (fansidar) 37338-39-9; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (mefloquine) 51773-92-3, 53230-10-7; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (pyridone derivative) 694-85-9; (pyronaridine) 74847-35-1; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1

CHEMICAL NAME: (1) coartem; (2) db 289; (3) gw 844520; (4) lapdap; (5) rbx 11160; artekin; halfan; malarone

COMPANY NAME: (1) Novartis; (2) Immtech International; (3) Glaxo SmithKline; (4) Glaxo SmithKline; (5) Ranbaxy; Bayer (Germany)

reserved on STN

ACCESSION NUMBER: 2005177453 EMBASE Full-text
TITLE: Artemisinin for malaria in Vietnam: Aspects of efficacy and safety.
AUTHOR: Giao, Phan Trong, Dr. (correspondence); Binh, Tran Quang
CORPORATE SOURCE: Department of Tropical Diseases, Cho Ray Hospital, Ho Chi Minh City, Viet Nam. giaothao@hcmc.netnam.vn
AUTHOR: De Vries, Peter J.; Kager, Piet A.
CORPORATE SOURCE: Div. Infect. Dis., Trop. Med. AIDS, Academic Medical Center, Amsterdam, Netherlands.
AUTHOR: Giao, Phan Trong, Dr. (correspondence)
CORPORATE SOURCE: Dept. of Tropical Diseases, Cho Ray Hospital, 210B Nguyen Chi Thanh, Q5, Ho Chi Minh City, Viet Nam. giaothao@hcmc.netnam.vn
SOURCE: International Journal of Risk and Safety in Medicine, (2004) Vol. 16, No. 4, pp. 217-222.
Refs: 42
ISSN: 0924-6479 CODEN: IJMDEM
COUNTRY: Netherlands
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 020 Gerontology and Geriatrics
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 5 May 2005
Last Updated on STN: 5 May 2005
ABSTRACT: Malaria is an important aspect of public health in endemic countries, not in the least because malaria control is frustrated by the spreading risk of (multi-)drug resistant malaria. Many strategies and campaigns for malaria control were launched during the last century. However, notwithstanding certain successes, the safety of much of the population the malaria endemic regions is threatened by drug resistant malaria parasites. The current "Global Malaria Control Strategy" aims at application of artemisinin based combination therapy (ACT). Some nations have been particularly successful in applying ACT, such as China, Vietnam, Thailand, and Brazil. Artemisinin derivatives are very effective agents and safe for human use. Fetal neurotoxicity, as was found in animal experiments, has not been observed in humans, but it is acknowledged that data aggregation and post marketing surveillance are not yet optimal to exclude potential risks by the use of ACT. This paper describes a series studies of the use of artemisinins as monotherapy or in combination with mefloquine or piperaquine, also in comparison to a combination of atovaquone/proguanil for the treatment of P. falciparum and P. vivax malaria in the South of Vietnam.

CONTROLLED TERM: Medical Descriptors:
article
clinical trial
disease control
drug efficacy
drug elimination
drug isolation
drug safety
drug sensitivity
drug use
fatality

health care policy
health service
human
incidence
infection prevention
*malaria: DM, disease management
*malaria: DR, drug resistance
*malaria: DT, drug therapy
*malaria: ET, etiology
*malaria: PC, prevention
medical research
monotherapy
morbidity
mortality
patient compliance
Plasmodium falciparum
Plasmodium vivax
toxicity: SI, side effect
treatment indication
Viet Nam

CONTROLLED TERM: Drug Descriptors:
antimalarial agent: CT, clinical trial
antimalarial agent: CM, drug comparison
antimalarial agent: DT, drug therapy
arteether: DT, drug therapy
arteether: IM, intramuscular drug administration
artemether: DT, drug therapy
artemether: IM, intramuscular drug administration
artemether: PO, oral drug administration
*artemisinin: CB, drug combination
*artemisinin: CM, drug comparison
*artemisinin: DV, drug development
*artemisinin: DT, drug therapy
*artemisinin: IM, intramuscular drug administration
*artemisinin: PK, pharmacokinetics
artesunate: CB, drug combination
artesunate: DT, drug therapy
artesunate: IV, intravenous drug administration
artesunate: PO, oral drug administration
atovaquone: CB, drug combination
atovaquone: CM, drug comparison
atovaquone: DT, drug therapy
atovaquone plus proguanil
chloroquine: DT, drug therapy
cv 8
dihydroartemisinin: CB, drug combination
dihydroartemisinin: DT, drug therapy
dihydroartemisinin: PO, oral drug administration
fansidar
mefloquine: CB, drug combination
mefloquine: DT, drug therapy
piperaquine: CB, drug combination
piperaquine: DT, drug therapy
primaquine: CB, drug combination
primaquine: DO, drug dose
primaquine: DT, drug therapy
proguanil: AE, adverse drug reaction
proguanil: CT, clinical trial
proguanil: CB, drug combination
proguanil: CM, drug comparison

proguanil: DT, drug therapy
quinine
trimethoprim: CB, drug combination
trimethoprim: DT, drug therapy
unclassified drug

CAS REGISTRY NO.: (arteether) 75887-54-6; (artemether) 71963-77-4; (artemisinin) 63968-64-9; (artesunate) 82864-68-4, 88495-63-0; (atovaquone) 94015-53-9, 95233-18-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (dihydroartemisinin) 71939-50-9, 81496-81-3; (fansidar) 37338-39-9; (mefloquine) 51773-92-3, 53230-10-7; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5, 637-32-1; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (trimethoprim) 738-70-5

CHEMICAL NAME: cv 8; malarone

L142 ANSWER 26 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2004398992 EMBASE Full-text

TITLE: Medicines for Malaria Venture new developments in antimalarials.

AUTHOR: Nwaka, Solomon; Riopel, Lise; Ubben, David; Craft, J. Carl (correspondence)

CORPORATE SOURCE: Medicines for Malaria Venture, Route de Pre-Bois 20, CH-1215 Geneva 15, Switzerland. craftjc@mmv.org

SOURCE: Travel Medicine and Infectious Disease, (Aug 2004) Vol. 2, No. 3-4, pp. 161-170.
Refs: 27
ISSN: 1477-8939 CODEN: TMIDA4

PUBLISHER IDENT.: S 1477-8939(04)00036-5

COUNTRY: United States

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 7 Oct 2004
Last Updated on STN: 7 Oct 2004

ABSTRACT: Choosing appropriate chemoprophylaxis and stand-by treatment for travelers will remain a problem for the near future because of resistant Plasmodium falciparum. For those who live in the malaria endemic regions of the world it is a matter of life and death, but the future looks bright for control of malaria because of the development of organizations like MMV and their ability to forge suitable partnerships to tackle really big problems. This would not be possible if it were not for the MMV Stakeholders who provide the funding necessary for the discovery and development of new drugs. Malaria is a difficult problem but even if only a few of the potential drugs in the MMV pipeline become drugs, the control of malaria may again become possible.

CONTROLLED TERM: Medical Descriptors:
antibiotic resistance
article
chemoprophylaxis
clinical trial

cooperation
death
drug bioavailability
drug cost
drug efficacy
drug half life
drug research
drug safety
drug synthesis
endemic disease: DR, drug resistance
endemic disease: DT, drug therapy
endemic disease: ET, etiology
endemic disease: PC, prevention
financial management
good manufacturing practice
health care organization
heart disease: SI, side effect
hematologic disease: SI, side effect
human
infection control
injection pain: SI, side effect
*malaria falciparum: DM, disease management
*malaria falciparum: DR, drug resistance
*malaria falciparum: DT, drug therapy
*malaria falciparum: ET, etiology
*malaria falciparum: PC, prevention
medical decision making
neurologic disease: SI, side effect
patient compliance
photosensitivity: SI, side effect
Plasmodium falciparum
Plasmodium vivax
priority journal
tooth disease: SI, side effect
travel

CONTROLLED TERM: Drug Descriptors:
2,5 bis(4 aminophenyl)furan: CT, clinical trial
2,5 bis(4 aminophenyl)furan: DV, drug development
2,5 bis(4 aminophenyl)furan: DT, drug therapy
8 aminoquinoline derivative: DV, drug development
8 aminoquinoline derivative: DT, drug therapy
acridine derivative: CB, drug combination
acridine derivative: DV, drug development
acridine derivative: DT, drug therapy
amodiaquine: DV, drug development
amodiaquine: DT, drug therapy
*antimalarial agent: CT, clinical trial
*antimalarial agent: CB, drug combination
*antimalarial agent: DV, drug development
*antimalarial agent: DT, drug therapy
*antimalarial agent: IV, intravenous drug administration
*antimalarial agent: PO, oral drug administration
*antimalarial agent: PE, pharmacoeconomics
*antimalarial agent: PK, pharmacokinetics
artemether plus benflumetol: DV, drug development
artemether plus benflumetol: DT, drug therapy
artemether plus benflumetol: PE, pharmacoeconomics
artemisinin derivative: AE, adverse drug reaction
artemisinin derivative: CT, clinical trial
artemisinin derivative: DV, drug development

artemisinin derivative: DT, drug therapy
artemisinin derivative: PO, oral drug administration
artemisinin derivative: PE, pharmacoeconomics
artemisinin derivative: PK, pharmacokinetics
artemisone: AE, adverse drug reaction
artemisone: CT, clinical trial
artemisone: DV, drug development
artemisone: DT, drug therapy
artemisone: PE, pharmacoeconomics
artemisone: PK, pharmacokinetics
artesunate: AE, adverse drug reaction
artesunate: CT, clinical trial
artesunate: CB, drug combination
artesunate: CM, drug comparison
artesunate: DV, drug development
artesunate: DT, drug therapy
artesunate: IV, intravenous drug administration
chloroquine: DT, drug therapy
chlorproguanil plus dapsone: DV, drug development
chlorproguanil plus dapsone: DT, drug therapy
DB 289
diamidine derivative: CT, clinical trial
diamidine derivative: DV, drug development
diamidine derivative: DT, drug therapy
dihydroartemisinin: CT, clinical trial
dihydroartemisinin: CB, drug combination
dihydroartemisinin: DV, drug development
dihydroartemisinin: DT, drug therapy
dihydroartemisinin: PE, pharmacoeconomics
dihydrofolate reductase inhibitor: DV, drug development
dihydrofolate reductase inhibitor: DT, drug therapy
doxycycline: DT, drug therapy
fansidar: DT, drug therapy
furan derivative: CT, clinical trial
furan derivative: DV, drug development
furan derivative: DT, drug therapy
hematin: EC, endogenous compound
isoquine: DV, drug development
isoquine: DT, drug therapy
pentamidine: CT, clinical trial
pentamidine: DV, drug development
pentamidine: DT, drug therapy
piperaquine: CT, clinical trial
piperaquine: CB, drug combination
piperaquine: DV, drug development
piperaquine: DT, drug therapy
piperaquine: PE, pharmacoeconomics
primaquine: AE, adverse drug reaction
primaquine: DT, drug therapy
protein farnesyltransferase inhibitor: DV, drug development
protein farnesyltransferase inhibitor: DT, drug therapy
pyonaridine: CB, drug combination
pyonaridine: DV, drug development
pyonaridine: DT, drug therapy
pyridone derivative: DV, drug development
pyridone derivative: DT, drug therapy
quinidine: AE, adverse drug reaction
quinidine: CM, drug comparison
quinidine: DT, drug therapy

quinidine: IM, intramuscular drug administration
quinidine: PK, pharmacokinetics
quinine: AE, adverse drug reaction
quinine: CM, drug comparison
quinine: DT, drug therapy
quinine: IM, intramuscular drug administration
quinine: PK, pharmacokinetics
rbx 11160: AE, adverse drug reaction
rbx 11160: CT, clinical trial
rbx 11160: DV, drug development
rbx 11160: DT, drug therapy
rbx 11160: PO, oral drug administration
rbx 11160: PE, pharmacoeconomics
rbx 11160: PK, pharmacokinetics
tetracycline derivative: AE, adverse drug reaction
tetracycline derivative: DV, drug development
tetracycline derivative: DT, drug therapy
unclassified drug
unindexed drug

CAS REGISTRY NO.: (acridine derivative) 34708-10-6; (amodiaquine) 69-44-3, 86-42-0; (artemether plus benflumetol) 141204-94-6; (artesunate) 82864-68-4, 88495-63-0; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (dihydroartemisinin) 71939-50-9, 81496-81-3; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (fansidar) 37338-39-9; (hematin) 15489-90-4; (pentamidine) 100-33-4; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (pyridone derivative) 694-85-9; (quinidine) 56-54-2; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1

CHEMICAL NAME: (1) coartem; (2) rbx 11160; DB 289; lapdap

COMPANY NAME: (1) Novartis; (2) Ranbaxy (India); Bayer (Germany); Glaxo SmithKline; paratek; Walter Reed

L142 ANSWER 27 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2004038922 EMBASE Full-text

TITLE: A systematic overview of published antimalarial drug trials.

AUTHOR: Myint, Hla Yin; Tipmanee, Prakaykaew; Nosten, Francois; Day, Nicholas P.J.; Pukrittayakamee, Sasithon; Looareesuwan, Sornchai; White, Nicholas J. (correspondence)

CORPORATE SOURCE: Faculty of Tropical Medicine, Mahidol University, 420/6 Rajvithi Rd., Bangkok 10400, Thailand. fnnjw@diamond.mahidol.ac.th

AUTHOR: Nosten, Francois

CORPORATE SOURCE: Shoklo Malaria Research Unit, Mae Sot, Tak, Thailand.

AUTHOR: Nosten, Francois; Day, Nicholas P.J.; White, Nicholas J. (correspondence)

CORPORATE SOURCE: Ctr. of Trop. Ctr. for Tropical Med., Nuffield Dept. of Clinical Medicine, John Radcliffe Hospital, Oxford, United Kingdom. fnnjw@diamond.mahidol.ac.th

SOURCE: Transactions of the Royal Society of Tropical Medicine and Hygiene, (Feb 2004) Vol. 98, No. 2, pp. 73-81.
Refs: 19
ISSN: 0035-9203 CODEN: TRSTAZ

COUNTRY: Netherlands

DOCUMENT TYPE: Journal; General Review; (Review)

FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology
037 Drug Literature Index

038 Adverse Reactions Titles
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology

LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 20 Feb 2004
Last Updated on STN: 20 Feb 2004

ABSTRACT: Systematic database searches identified 435 antimalarial drug treatment trials, involving 82 616 patients, conducted and published between 1966 and December 2002. Of these trials 72% were randomised; 64 (15%) trials involved severe malaria, 47 (11%) studied Plasmodium vivax, 3 Plasmodium malariae or Plasmodium ovale, and the remainder (74%) assessed treatment responses in uncomplicated falciparum malaria. Twelve trials (2.7%) specifically evaluated antimalarial treatments in pregnant women. Overall 49% of trials were conducted in Asia (29% from Thailand alone) and 42% in Africa. Half of all the patients studied had been in trials published in the past 7 years. There has been a recent rise in the proportion of trial enrolling children, and a tripling in the average number of patients recruited per trial (from approximately 100 in the 1970s to 300 currently). Chloroquine was given to over half the patients in antimalarial drug trials (n = 53552) compared with artemisinin derivatives (n = 12463), mefloquine-sulphadoxine-pyrimethamine (n = 9153), mefloquine (n = 5546) and sulphadoxine-pyrimethamine (n = 5909). The quality of safety and efficacy data for recently evaluated drugs contrasts with a relative paucity of data for older 'established' compounds.

CONTROLLED TERM: Medical Descriptors:
adult
Africa
Asia
child
clinical trial
disease severity
drug efficacy
drug response
drug safety
follow up
geographic distribution
human
*malaria: DT, drug therapy
Plasmodium falciparum
Plasmodium malariae
Plasmodium ovale
Plasmodium vivax
pregnancy
review
side effect: SI, side effect
statistical analysis
Thailand
treatment failure

CONTROLLED TERM: Drug Descriptors:
amodiaquine: CT, clinical trial
amodiaquine: DT, drug therapy
*antimalarial agent: AE, adverse drug reaction
*antimalarial agent: CT, clinical trial
*antimalarial agent: CB, drug combination
*antimalarial agent: CM, drug comparison
*antimalarial agent: DT, drug therapy
arteether: CT, clinical trial

arteether: DT, drug therapy
artemether: AE, adverse drug reaction
artemether: CT, clinical trial
artemether: DT, drug therapy
artemether plus benflumetol: AE, adverse drug reaction
artemether plus benflumetol: CT, clinical trial
artemether plus benflumetol: DT, drug therapy
  artemisinin: CT, clinical trial
  artemisinin: CM, drug comparison
  artemisinin: DT, drug therapy
artesunate: AE, adverse drug reaction
artesunate: CT, clinical trial
artesunate: CB, drug combination
artesunate: DT, drug therapy
atovaquone: CT, clinical trial
atovaquone: DT, drug therapy
atovaquone plus proguanil: DT, drug therapy
chloroquine: CT, clinical trial
chloroquine: CB, drug combination
chloroquine: CM, drug comparison
chloroquine: DT, drug therapy
chlorproguanil: CT, clinical trial
chlorproguanil: DT, drug therapy
chlorproguanil plus dapsone: CT, clinical trial
chlorproguanil plus dapsone: DT, drug therapy
clindamycin: CT, clinical trial
clindamycin: CB, drug combination
clindamycin: DT, drug therapy
cycloguanil: CT, clinical trial
cycloguanil: DT, drug therapy
dihydroartemisinin: CT, clinical trial
dihydroartemisinin: CB, drug combination
dihydroartemisinin: DT, drug therapy
doxycycline: CT, clinical trial
doxycycline: CB, drug combination
doxycycline: DT, drug therapy
fansidar: CT, clinical trial
fansidar: CM, drug comparison
fansidar: DT, drug therapy
fansimef: AE, adverse drug reaction
fansimef: CT, clinical trial
fansimef: CM, drug comparison
fansimef: DT, drug therapy
halofantrine: CT, clinical trial
halofantrine: DT, drug therapy
maloprim
mefloquine: AE, adverse drug reaction
mefloquine: CT, clinical trial
mefloquine: CB, drug combination
mefloquine: CM, drug comparison
mefloquine: DT, drug therapy
metakelfin: CT, clinical trial
metakelfin: DT, drug therapy
  piperaquine: CT, clinical trial
  piperaquine: CB, drug combination
  piperaquine: DT, drug therapy
  primaquine: CT, clinical trial
  primaquine: CB, drug combination
  primaquine: DT, drug therapy
pyrimethamine: CT, clinical trial

pyrimethamine: DT, drug therapy
pyronaridine: CT, clinical trial
pyronaridine: DT, drug therapy
quinidine: CT, clinical trial
quinidine: DT, drug therapy
quinine: AE, adverse drug reaction
quinine: CT, clinical trial
quinine: CB, drug combination
quinine: DT, drug therapy
tetracycline: CT, clinical trial
tetracycline: CB, drug combination
tetracycline: DT, drug therapy

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (arteether) 75887-54-6; (artemether plus benflumetol) 141204-94-6; (artemether) 71963-77-4; (artemisinin) 63968-64-9; (artesunate) 82864-68-4, 88495-63-0; (atovaquone) 94015-53-9, 95233-18-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (chlorproguanil) 537-21-3; (clindamycin) 18323-44-9; (cycloguanil) 516-21-2; (dihydroartemisinin) 71939-50-9, 81496-81-3; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (fansidar) 37338-39-9; (fansimef) 69191-18-0; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (maloprim) 37357-69-0; (mefloquine) 51773-92-3, 53230-10-7; (metakelfin) 81247-66-7; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (pyrimethamine) 53640-38-3, 58-14-0; (pyronaridine) 74847-35-1; (quinidine) 56-54-2; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (tetracycline) 23843-90-5, 60-54-8, 64-75-5

L142 ANSWER 28 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2003305186 EMBASE Full-text
TITLE: Chloroquine and artemisinin: Six decades of research - What next?.
AUTHOR: Benoit-Vical, Francoise (correspondence); Meunier, Bernard
CORPORATE SOURCE: Lab. de Chimie de Coord. du CNRS, 205 Route de Narbonne, 31077 Toulouse Cedex 4, France. francoise.vical@toulouse.inserm.fr
AUTHOR: Delhaes, Laurence
CORPORATE SOURCE: EA3609-Ecologie du Parasitisme, IFR 17, Institut Pasteur de Lille, 1 rue du Pr Calmette, 59019 Lille Cedex, France.
AUTHOR: Delhaes, Laurence; Camus, Daniel
CORPORATE SOURCE: Universite Lille 2, Lab. de Parasitologie-Mycologie, Faculte de Medecine, 1 Place de Verdun, 59045 Lille Cedex 2, France.
AUTHOR: Benoit-Vical, Francoise (correspondence)
CORPORATE SOURCE: Lab. de Parasitologie-Mycologie, CHU Rangueil, 1 Avenue J Poulhes, 31059 Toulouse Cedex 9, France. francoise.vical@toulouse.inserm.fr
AUTHOR: Capron, Monique
CORPORATE SOURCE: INSERM U 547, IFR 17, Institut Pasteur de Lille, 1 rue du Pr Calmette, 59019 Lille Cedex, France.
SOURCE: IDrugs, (1 Jul 2003) Vol. 6, No. 7, pp. 674-680.
Refs: 92
ISSN: 1369-7056 CODEN: IDRUFN
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 030 Clinical and Experimental Pharmacology
036 Health Policy, Economics and Management

037 Drug Literature Index
038 Adverse Reactions Titles
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology

LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 14 Aug 2003
Last Updated on STN: 14 Aug 2003

ABSTRACT: Over the next decade drugs will remain the focus of continuous efforts to control malaria, with a contribution from pharmacogenomic development. Quinine, extracted from Cinchona bark, has been the source for aminoquinoline drugs such as chloroquine; more recently, artemisinin extracted from Artemisia allowed the design of artemisinin mimics containing a trioxane structure. Here, we examine parallels between chloroquine and artemisinin in terms of pharmacological target discovery, mechanism of action and parasite resistance. The widespread use of chloroquine has dramatically reduced its therapeutic response, thus recent strategies are based on artemisinin combinations.

CONTROLLED TERM: Medical Descriptors:
Artemisia
chemotherapy
Cinchona
disease resistance
drug accumulation
drug cost
drug efficacy
drug elimination
drug half life
drug mechanism
drug potentiation
drug safety
drug tolerability
drug use
human
in vitro study
in vivo study
*malaria: DM, disease management
*malaria: DR, drug resistance
*malaria: DT, drug therapy
*malaria: PC, prevention
malaria control
medical research
nonhuman
pharmacogenomics
Plasmodium
prophylaxis
review
side effect: SI, side effect
single drug dose

CONTROLLED TERM: Drug Descriptors:
aminoquinoline derivative: AE, adverse drug reaction
aminoquinoline derivative: AN, drug analysis
aminoquinoline derivative: CB, drug combination
aminoquinoline derivative: DV, drug development
aminoquinoline derivative: IT, drug interaction
aminoquinoline derivative: DT, drug therapy
aminoquinoline derivative: PE, pharmacoeconomics
aminoquinoline derivative: PK, pharmacokinetics
aminoquinoline derivative: PD, pharmacology

amodiaquine: CB, drug combination
amodiaquine: DT, drug therapy
amodiaquine: PD, pharmacology
antimalarial agent: AE, adverse drug reaction
antimalarial agent: AN, drug analysis
antimalarial agent: CB, drug combination
antimalarial agent: DV, drug development
antimalarial agent: DO, drug dose
antimalarial agent: IT, drug interaction
antimalarial agent: DT, drug therapy
antimalarial agent: PE, pharmacoeconomics
antimalarial agent: PK, pharmacokinetics
antimalarial agent: PD, pharmacology
artecom: CB, drug combination
artecom: DT, drug therapy
artemether: CB, drug combination
artemether: DT, drug therapy
artemether plus benflumetol: CB, drug combination
artemether plus benflumetol: DT, drug therapy
artemether plus benflumetol: PD, pharmacology
*artemisinin: CB, drug combination
*artemisinin: DV, drug development
*artemisinin: DT, drug therapy
*artemisinin: PE, pharmacoeconomics
*artemisinin: PK, pharmacokinetics
*artemisinin: PD, pharmacology
artemisinin derivative: CB, drug combination
artemisinin derivative: DV, drug development
artemisinin derivative: DT, drug therapy
artemisinin derivative: PE, pharmacoeconomics
artemisinin derivative: PK, pharmacokinetics
artemisinin derivative: PD, pharmacology
artesunate: CB, drug combination
artesunate: DT, drug therapy
artesunate: PD, pharmacology
atovaquone plus proguanil
*chloroquine: AE, adverse drug reaction
*chloroquine: AN, drug analysis
*chloroquine: CB, drug combination
*chloroquine: DV, drug development
*chloroquine: IT, drug interaction
*chloroquine: DT, drug therapy
*chloroquine: PE, pharmacoeconomics
*chloroquine: PK, pharmacokinetics
*chloroquine: PD, pharmacology
chloroquine plus proguanil
chlorproguanil: CB, drug combination
chlorproguanil: DT, drug therapy
chlorproguanil plus dapsone: DT, drug therapy
clindamycin: CB, drug combination
clindamycin: DT, drug therapy
clindamycin: PD, pharmacology
dapsone: CB, drug combination
dapsone: DT, drug therapy
dihydroartemisinin: CB, drug combination
dihydroartemisinin: DO, drug dose
dihydroartemisinin: DT, drug therapy
dihydroartemisinin: PD, pharmacology
fansidar
halofantrine: PD, pharmacology

malaria vaccine: DT, drug therapy
mefloquine: CB, drug combination
mefloquine: DT, drug therapy
naphthoquinone: CB, drug combination
naphthoquinone: DO, drug dose
naphthoquinone: DT, drug therapy
piperaquine: CB, drug combination
piperaquine: DT, drug therapy
piperaquine: PD, pharmacology
primaquine: CB, drug combination
primaquine: DT, drug therapy
pyrimethamine: CB, drug combination
pyrimethamine: DT, drug therapy
pyrimethamine: PD, pharmacology
pyronaridine: CB, drug combination
pyronaridine: DT, drug therapy
pyronaridine: PD, pharmacology
quinine
sulfadoxine: CB, drug combination
sulfadoxine: DT, drug therapy
sulfadoxine: PD, pharmacology
tetracycline: CB, drug combination
tetracycline: DT, drug therapy
tetracycline: PD, pharmacology
trimethoprim: CB, drug combination
trimethoprim: DT, drug therapy
trimethoprim: PD, pharmacology
trioxane derivative: PD, pharmacology
unclassified drug
unindexed drug
verapamil: IT, drug interaction

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemether plus benflumetol) 141204-94-6; (artemether) 71963-77-4; (artemisinin) 63968-64-9; (artesunate) 82864-68-4, 88495-63-0; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (chlorproguanil) 537-21-3; (clindamycin) 18323-44-9; (dapsone) 80-08-0; (dihydroartemisinin) 71939-50-9, 81496-81-3; (fansidar) 37338-39-9; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (mefloquine) 51773-92-3, 53230-10-7; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (pyrimethamine) 53640-38-3, 58-14-0; (pyronaridine) 74847-35-1; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (sulfadoxine) 2447-57-6; (tetracycline) 23843-90-5, 60-54-8, 64-75-5; (trimethoprim) 738-70-5; (verapamil) 152-11-4, 52-53-9

CHEMICAL NAME: fansidar; malarone; savarine

L142 ANSWER 29 OF 34 EMBASE

ACCESSION NUMBER: 2003220164 EMBASE Full-text

TITLE: Determination of pyronaridine in whole blood by automated solid phase extraction and high-performance liquid chromatography.

AUTHOR: Blessborn, Daniel; Lindegardh, Niklas; Bergqvist, Yngve, Prof. (correspondence)

CORPORATE SOURCE: Dalarna University College, SE-781 88 Borlange, Sweden. ybq@du.se

AUTHOR: Blessborn, Daniel; Lindegardh, Niklas; Bergqvist, Yngve, Prof. (correspondence)

CORPORATE SOURCE: Department of Analytical Chemistry, Uppsala University, Uppsala, Sweden. ybq@du.se
AUTHOR: Ericsson, Orjan; Hellgren, Urban
CORPORATE SOURCE: Division of Clinical Pharmacology, Karolinska Institute, Huddinge University Hospital, Huddinge, Sweden.
SOURCE: Therapeutic Drug Monitoring, (Jun 2003) Vol. 25, No. 3, pp. 264-270.
Refs: 13
ISSN: 0163-4356 CODEN: TDMODV
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 027 Biophysics, Bioengineering and Medical Instrumentation
029 Clinical and Experimental Biochemistry
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 26 Jun 2003
Last Updated on STN: 26 Jun 2003
ABSTRACT: A new extraction procedure for the analysis of pyronaridine in whole blood is presented. A weak cation exchanger with a carboxylic acid (CBA) sorbent was found to be a suitable solid phase sorbent for the extraction of pyronaridine. Highperformance liquid chromatography with UV detection at 278 nm and an electrochemical detector at +0.75 V is used. The electrochemical detector gives higher selectivity than the UV detector. The separation was performed using a C18 reversed phase column with mobile phase of acetonitrile - phosphate buffer (0.01 mol/L, pH 2.5) sodium perchlorate (1.0 mol/L; 22:77: 1, v/v/v). The within-day RSDs were below 5% at all concentration levels between 75 nmol/L and 1500 nmol/L, and the between-day RSDs were below 14% at all concentration levels. The limit of quantification was about 50 nmol/L in 1000 μL whole blood with an RSD of 20% or less on a day-to-day basis. The stability of pyronaridine is increased if the pH is less than 3 in water solutions. In whole blood, the concentration decreases by about 10% for each freezethaw cycle performed. At room temperature (about 22°C), pyronaridine concentration in whole blood decreases by about 10% within 12 to 24 hours.

CONTROLLED TERM: Medical Descriptors:
adsorption
article
blood analysis
cation exchange
drug determination
drug selectivity
drug stability
extraction
*high performance liquid chromatography
human
human tissue
malaria
pH
priority journal
*solid phase extraction
ultraviolet radiation
CONTROLLED TERM: Drug Descriptors:
acetonitrile
amodiaquine: AN, drug analysis
*antimalarial agent: AN, drug analysis
artemisinin: AN, drug analysis
benflumetol: AN, drug analysis

biguanide derivative: AN, drug analysis
*carboxylic acid
chloroquine: AN, drug analysis
cycloguanil: AN, drug analysis
deethylchloroquine: AN, drug analysis
halofantrine: AN, drug analysis
mefloquine: AN, drug analysis
phosphate
piperaquine: AN, drug analysis
primaquine: AN, drug analysis
proguanil: AN, drug analysis
*pyronaridine: AN, drug analysis
*pyronaridine: CR, drug concentration
*pyronaridine: DO, drug dose
quinine: AN, drug analysis
sulfadoxine: AN, drug analysis
tafenoquine: AN, drug analysis

CAS REGISTRY NO.: (acetonitrile) 75-05-8; (amodiaquine) 69-44-3, 86-42-0; (artemisinin) 63968-64-9; (benflumetol) 82186-77-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (cycloguanil) 516-21-2; (deethylchloroquine) 1476-52-4; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (mefloquine) 51773-92-3, 53230-10-7; (phosphate) 14066-19-4, 14265-44-2; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5, 637-32-1; (pyronaridine) 74847-35-1; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (sulfadoxine) 2447-57-6; (tafenoquine) 106635-80-7, 106635-81-8
COMPANY NAME: Sigma (United States)
NAME OF PRODUCT: (1) ASPEC XL
COMPANY NAME: (1) Gilson (United States)

L142 ANSWER 30 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2002311492 EMBASE Full-text
TITLE: Malaria: Current status of control, diagnosis, treatment, and a proposed agenda for research and development.
AUTHOR: Guerin, Philippe J, Dr. (correspondence)
CORPORATE SOURCE: Norwegian Institute of Public Health, Epicentre, Paris, France. philippe.guerin@fhi.no
AUTHOR: Olliaro, Piero
CORPORATE SOURCE: UNDP/World Bank/WHO Special Programme for Research and Training In Tropical Diseases, Communicable Diseases Cluster, Geneva, Switzerland.
AUTHOR: Nosten, Francois; White, Nicholas J
CORPORATE SOURCE: Wellcome Trust-Mahidol University Oxford Tropical Medicine Research Programme, Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand.
AUTHOR: Druilhe, Pierre
CORPORATE SOURCE: Bio-medical Parasitology Unit, Institut Pasteur, Paris, France.
AUTHOR: Laxminarayan, Ramanan
CORPORATE SOURCE: Resources for the Future, Washington, DC, United States.
AUTHOR: Binka, Fred
CORPORATE SOURCE: School of Public Health, University of Ghana, Legon, Ghana.
AUTHOR: Kilama, Wen L
CORPORATE SOURCE: African Malaria Network Trust, Tanzania Commission for Science and Technology Building, Dar es Salaam, Tanzania, United Republic of.

Serial#: 1058277

AUTHOR: Ford, Nathan
CORPORATE SOURCE: Medecins Sans Frontieres, London, United Kingdom.
AUTHOR: White, Nicholas J
CORPORATE SOURCE: DND Working Group/Medecins Sans Frontieres, Geneva, Switzerland.
SOURCE: Lancet Infectious Diseases, (Sep 2002) Vol. 2, No. 9, pp. 564-573.
Refs: 109
ISSN: 1473-3099 CODEN: LIDABP
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology
037 Drug Literature Index
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 19 Sep 2002
Last Updated on STN: 19 Sep 2002
ABSTRACT: Rolling back malaria is possible. Tools are available but they are not used. Several countries deploy, as their national malaria control treatment policy, drugs that are no longer effective. New and innovative methods of vector control, diagnosis, and treatment should be developed, and work towards development of new drugs and a vaccine should receive much greater support. But the pressing need, in the face of increasing global mortality and general lack of progress in malaria control, is research into the best methods of deploying and using existing approaches, particularly insecticide-treated mosquito nets, rapid methods of diagnosis, and artemisinin-based combination treatments. Evidence on these approaches should provide national governments and international donors with the cost-benefit information that would justify much-needed increases in global support for appropriate and effective malaria control.

CONTROLLED TERM: Medical Descriptors:
algorithm
diagnostic accuracy
diagnostic procedure
health care policy
*malaria: DI, diagnosis
*malaria: DR, drug resistance
*malaria: DT, drug therapy
malaria control
medical research
priority journal
review
vector control
CONTROLLED TERM: Drug Descriptors:
8 aminoquinoline derivative: DT, drug therapy
amodiaquine: CB, drug combination
amodiaquine: DT, drug therapy
antimalarial agent: DT, drug therapy
artelinic acid: DT, drug therapy
artemether: CB, drug combination
artemether: DT, drug therapy
*artemisinin: DT, drug therapy
artesunate: DT, drug therapy
atovaquone: DT, drug therapy
benflumetol: CB, drug combination
benflumetol: DT, drug therapy
*chloroquine: DT, drug therapy

chlorproguanil: DT, drug therapy
dapsone: DT, drug therapy
dihydroartemisinin: CB, drug combination
dihydroartemisinin: DT, drug therapy
folic acid antagonist: DT, drug therapy
fosfomycin: DT, drug therapy
*malaria vaccine: DT, drug therapy
mefloquine: DT, drug therapy
piperaquine: CB, drug combination
piperaquine: DT, drug therapy
primaquine: DT, drug therapy
pyronaridine: CB, drug combination
pyronaridine: DT, drug therapy
quinoline derivative: DT, drug therapy
tafenoquine: DT, drug therapy
*vaccine: DT, drug therapy

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artelinic acid) 120020-26-0; (artemether) 71963-77-4; (artemisinin) 63968-64-9; (artesunate) 82864-68-4, 88495-63-0; (atovaquone) 94015-53-9, 95233-18-4; (benflumetol) 82186-77-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (chlorproguanil) 537-21-3; (dapsone) 80-08-0; (dihydroartemisinin) 71939-50-9, 81496-81-3; (fosfomycin) 23155-02-4; (mefloquine) 51773-92-3, 53230-10-7; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (pyronaridine) 74847-35-1; (tafenoquine) 106635-80-7, 106635-81-8

CHEMICAL NAME: spf 66

L142 ANSWER 31 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1997031944 EMBASE Full-text

TITLE: Principles of management of drug sensitive, resistive and prophylaxis of malaria.

AUTHOR: Taneja, D.K. (correspondence); Salhan, R.N.; Talib, V.H.

CORPORATE SOURCE: Department of Paediatrics, Safdarjang Hospital, New Delhi 110029, India.

SOURCE: Indian Journal of Pathology and Microbiology, (1996) Vol. 39, No. 5, pp. 481-491.
Refs: 39
ISSN: 0377-4929 CODEN: IJPBAR

COUNTRY: India

DOCUMENT TYPE: Journal; Conference Article; (Conference paper)

FILE SEGMENT: 037 Drug Literature Index
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology

LANGUAGE: English

ENTRY DATE: Entered STN: 10 Mar 1997
Last Updated on STN: 10 Mar 1997

CONTROLLED TERM: Medical Descriptors:
conference paper
human
*malaria: DR, drug resistance
*malaria: DT, drug therapy
*malaria: PC, prevention
plasmodium falciparum
prophylaxis

CONTROLLED TERM: Drug Descriptors:
655c80
*antimalarial agent: DT, drug therapy

artemisinin: DT, drug therapy
azithromycin
chloroquine: DT, drug therapy
ciprofloxacin: DT, drug therapy
clindamycin: DT, drug therapy
cycloguanil embonate: DT, drug therapy
dapsone: DT, drug therapy
doxycycline: DT, drug therapy
halofantrine: DT, drug therapy
hydroxychloroquine: DT, drug therapy
mefloquine: DT, drug therapy
mepacrine: DT, drug therapy
norfloxacin: DT, drug therapy
piperaquine: DT, drug therapy
primaquine: DT, drug therapy
proguanil: DT, drug therapy
pyrimethamine: DT, drug therapy
pyronaridine: DT, drug therapy
quinine: DT, drug therapy
quinocide: DT, drug therapy
sulfadoxine: DT, drug therapy
sulfalene: DT, drug therapy
trimethoprim: DT, drug therapy
unclassified drug
wr 228605

CAS REGISTRY NO.: (artemisinin) 63968-64-9; (azithromycin) 83905-01-5; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (ciprofloxacin) 85721-33-1; (clindamycin) 18323-44-9; (cycloguanil embonate) 609-78-9, 8075-91-0; (dapsone) 80-08-0; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (hydroxychloroquine) 118-42-3, 525-31-5; (mefloquine) 51773-92-3, 53230-10-7; (mepacrine) 69-05-6, 83-89-6; (norfloxacin) 70458-96-7; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5, 637-32-1; (pyrimethamine) 53640-38-3, 58-14-0; (pyronaridine) 74847-35-1; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (quinocide) 525-61-1; (sulfadoxine) 2447-57-6; (sulfalene) 152-47-6; (trimethoprim) 738-70-5

CHEMICAL NAME: 655c80; dalacin; malaquin; nivaquin; resochin; wr 228605

L142 ANSWER 32 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1994086361 EMBASE Full-text
TITLE: Trends in the research for new antimalarial agents.
AUTHOR: Ferreira, E.I. (correspondence)
CORPORATE SOURCE: Faculdade de Ciencias Farmaceuticas, Universidade de Sao Paulo, Departamento de Farmacia, Caixa Postal 66.083, CEP 05389-970 Sao Paulo, Brazil.
SOURCE: Revista de Farmacia e Bioquimica da Universidade de Sao Paulo, (1993) Vol. 29, No. 1, pp. 1-15.
ISSN: 0370-4726 CODEN: RFBUBI
COUNTRY: Brazil
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 037 Drug Literature Index
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
LANGUAGE: English
SUMMARY LANGUAGE: English; Portuguese

ENTRY DATE: Entered STN: 18 Apr 1994
Last Updated on STN: 18 Apr 1994

ABSTRACT: Current status of malaria chemotherapy and chemoprophylaxis and a short review of the main trends in the research for new antimalarial agents. Its importance toward the control of the parasitosis is emphasized.

CONTROLLED TERM: Medical Descriptors:
drug development
drug resistance
drug structure
human
*malaria: DT, drug therapy
*malaria: PC, prevention
plasmodium falciparum
review

CONTROLLED TERM: Drug Descriptors:
amodiaquine: DT, drug therapy
*antimalarial agent: DV, drug development
*antimalarial agent: DT, drug therapy
artemisinin: DT, drug therapy
chloroquine: DT, drug therapy
chlorproguanil: DT, drug therapy
clindamycin: DT, drug therapy
deoxoartemisinin: DT, drug therapy
dichlorquinazine: DT, drug therapy
doxycycline: DT, drug therapy
floxacrine: DT, drug therapy
halofantrine: DT, drug therapy
mefloquine: DT, drug therapy
mepacrine: DT, drug therapy
piperaquine: DT, drug therapy
primaquine: DT, drug therapy
proguanil: DT, drug therapy
pyrimethamine: DT, drug therapy
pyronaridine: DT, drug therapy
quinidine: DT, drug therapy
quinine: DT, drug therapy
sulfadoxine: DT, drug therapy
tetracycline: DT, drug therapy
tetrandrine: DT, drug therapy
unclassified drug

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemisinin) 63968-64-9; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (chlorproguanil) 537-21-3; (clindamycin) 18323-44-9; (deoxoartemisinin) 126189-95-5; (dichlorquinazine) 10547-40-7; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (floxacrine) 53966-34-0; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (mefloquine) 51773-92-3, 53230-10-7; (mepacrine) 69-05-6, 83-89-6; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5, 637-32-1; (pyrimethamine) 53640-38-3, 58-14-0; (pyronaridine) 74847-35-1; (quinidine) 56-54-2; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (sulfadoxine) 2447-57-6; (tetracycline) 23843-90-5, 60-54-8, 64-75-5; (tetrandrine) 518-34-3

ACCESSION NUMBER: 1989126551 EMBASE Full-text

Serial#: 1058277

TITLE: Recent studies on antimalarials in China: A review of literature since 1980.

AUTHOR: Ding, G.-S.

CORPORATE SOURCE: Shanghai Institute of Materia Medica, Chinese Academy of Sciences, Shanghai 200031, China.

SOURCE: International Journal of Experimental and Clinical Chemotherapy, (1988) Vol. 1, No. 2, pp. 9-22.
ISSN: 0933-0453 CODEN: IJECED

COUNTRY: Germany

DOCUMENT TYPE: Journal

FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
052 Toxicology

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 12 Dec 1991
Last Updated on STN: 12 Dec 1991

ABSTRACT: Artemisinin, artemether, artesunate, pyronaridine and piperaquine were developed against chloroquine-resistant malaria with success.

CONTROLLED TERM: Medical Descriptors:
animal model
*antimalarial activity
cat
china
dog
drug development
*drug resistance
guinea pig
human
immunopharmacology
intramuscular drug administration
intravenous drug administration
*malaria: DT, drug therapy
*malaria: EP, epidemiology
monkey
mouse
nonhuman
normal human
oral drug administration
plasmodium falciparum
protozoon
rabbit
rat
review

CONTROLLED TERM: Drug Descriptors:
*2,4 diamino 6 (3,4 dichlorobenzylnitrosamino)quinazoline: DT, drug therapy
*2,4 diamino 6 (3,4 dichlorobenzylnitrosamino)quinazoline: TO, drug toxicity
*2,4 diamino 6 (3,4 dichlorobenzylnitrosamino)quinazoline: PK, pharmacokinetics
*2,4 diamino 6 (3,4 dichlorobenzylnitrosamino)quinazoline: PD, pharmacology
2,4 diamino 6 [n (4 chlorobenzyl) n methylamino]quinazoline
*artemether: DT, drug therapy
*artemether: TO, drug toxicity

*artemether: PK, pharmacokinetics
*artemether: PD, pharmacology
*artemisinin: DT, drug therapy
*artemisinin: TO, drug toxicity
*artemisinin: PK, pharmacokinetics
*artemisinin: PD, pharmacology
artemisinin derivative
*artesunate: DT, drug therapy
*artesunate: TO, drug toxicity
*artesunate: PK, pharmacokinetics
*artesunate: PD, pharmacology
bispyroquine
changrolin
*chloroquine: DT, drug therapy
*chloroquine: TO, drug toxicity
*chloroquine: PK, pharmacokinetics
*chloroquine: PD, pharmacology
dihydroartemisinine
hydroxypiperaquine
mefloquine
mepacrine
octanoylprimaquine
*piperaquine: DT, drug therapy
*piperaquine: TO, drug toxicity
*piperaquine: PK, pharmacokinetics
*piperaquine: PD, pharmacology
primaquine
propoxycarbonyldihydroartemisin
pyrimethamine
*pyronaridine: DT, drug therapy
*pyronaridine: TO, drug toxicity
*pyronaridine: PK, pharmacokinetics
*pyronaridine: PD, pharmacology
quinine
radioisotope
sulfadoxine
tripynadine
unclassified drug

CAS REGISTRY NO.: (2,4 diamino 6 (3,4 dichlorobenzylnitrosamino)quinazoline) 22316-71-8; (2,4 diamino 6 [n (4 chlorobenzyl) n methylamino]quinazoline) 83654-06-2, 83654-07-3; (artemether) 71963-77-4; (artemisinin) 63968-64-9; (artesunate) 82864-68-4, 88495-63-0; (bispyroquine) 83764-57-2; (changrolin) 72063-47-9; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (hydroxypiperaquine) 74351-59-0; (mefloquine) 51773-92-3, 53230-10-7; (mepacrine) 69-05-6, 83-89-6; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (pyrimethamine) 53640-38-3, 58-14-0; (pyronaridine) 74847-35-1; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (sulfadoxine) 2447-57-6; (tripynadine) 81849-98-1

CHEMICAL NAME: 13228 rp; am 2159; am 2160; ci 679; m 6407; m 7204; sm 242

L142 ANSWER 34 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1985062709 EMBASE Full-text

TITLE: Advances in malaria chemotherapy.

AUTHOR: Bunnag, D.; Campbell, C.C.; Fernex, M.; et. al.

CORPORATE SOURCE: Department of Clinical Tropical Medicine, Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand.

Serial#: 1058277

SOURCE: World Health Organization - Technical Report Series, (1984) Vol. NO. 711.
ISSN: 0512-3054 CODEN: WHOTAC
COUNTRY: Switzerland
DOCUMENT TYPE: Journal
FILE SEGMENT: 030 Clinical and Experimental Pharmacology
037 Drug Literature Index
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
006 Internal Medicine
007 Pediatrics and Pediatric Surgery
LANGUAGE: English
ENTRY DATE: Entered STN: 10 Dec 1991
Last Updated on STN: 10 Dec 1991

ABSTRACT: The present report provides advice on the use of drugs for the suppression and treatment of malaria taking into account the presence of drug-resistant parasites and on the best ways in which existing and new antimalarials may be used to counter the further development and spread of such resistance. The development, clinical assessment, and future deployment of the new drug, mefloquine, have received special attention. Emphasis is placed on the need for standardized techniques for testing parasite sensitivity by in vitro and in vivo methods, and on the efficient conduct and monitoring of clinical trials.

CONTROLLED TERM: Medical Descriptors:
clinical trial
*drug dose
drug mechanism
*drug resistance
*drug therapy
human
*malaria
*pharmacokinetics
priority journal
protozoon
review
therapy

CONTROLLED TERM: Drug Descriptors:
*4,6 diamino 1,2 dihydro 2,2 dimethyl 1 [3 (2,4,5 trichlorophenoxy)propoxy] 1,3,5 triazine
*antimalarial agent
*artemisinin
*chloroquine
*dabequine
*dapsone
*enpiroline phosphate
*floxacrine
*halofantrine
*mefloquine
*piperaquine
*primaquine
*proguanil
*pyrimethamine
*pyronaridine
*quinine
*sulfadoxine
*sulfalene
*tafenoquine
unclassified drug

CAS REGISTRY NO.: (4,6 diamino 1,2 dihydro 2,2 dimethyl 1 [3 (2,4,5

trichlorophenoxy)propoxy] 1,3,5 triazine) 30711-93-4, 30737-44-1; (artemisinin) 63968-64-9; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (dabequine) 56548-51-7; (dapsone) 80-08-0; (enpiroline phosphate) 66364-74-7; (floxacrine) 53966-34-0; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (mefloquine) 51773-92-3, 53230-10-7; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5, 637-32-1; (pyrimethamine) 53640-38-3, 58-14-0; (pyronaridine) 74847-35-1; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (sulfadoxine) 2447-57-6; (sulfalene) 152-47-6; (tafenoquine) 106635-80-7, 106635-81-8

CHEMICAL NAME: wr 180409; wr 238605; wr 99210

SEARCH HISTORY

FILE 'HCAPLUS' ENTERED AT 13:03:15 ON 24 NOV 2008

ACT ARN277HCA1AU/A

L1 (9)SEA ABB=ON PLU=ON ARTEMISININ?/CN
L2 (2)SEA ABB=ON PLU=ON PIPERAQUINE?/CN
L3 (13)SEA ABB=ON PLU=ON PRIMAQUINE?/CN
L4 (21)SEA ABB=ON PLU=ON DIHYDROARTEMISININ?/CN
L5 4 SEA ABB=ON PLU=ON L1 AND L2 AND L3 AND L4

FILE 'REGISTRY' ENTERED AT 13:28:16 ON 24 NOV 2008
E ARTEMISININ/CN
L6 9 SEA ABB=ON PLU=ON ARTEMISININ?/CN
E PIPERAQUINE/CN
E PIPERAQUINE?/CN
L7 2 SEA ABB=ON PLU=ON PIPERAQUINE?/CN
E PRIMAQUINE/CN
L8 13 SEA ABB=ON PLU=ON PRIMAQUINE?/CN
E DIHYDROARTEMISININ/CN
L9 21 SEA ABB=ON PLU=ON DIHYDROARTEMISININ?/CN
L10 45 SEA ABB=ON PLU=ON (L6 OR L7 OR L8 OR L9)

FILE 'HCAPLUS' ENTERED AT 13:31:20 ON 24 NOV 2008
E ARTEMISININ/CT
L11 2431 SEA ABB=ON PLU=ON ARTEMISININ
E PIPERAQUINE/CT
L12 127 SEA ABB=ON PLU=ON PIPERAQUINE
E PRIMAQUINE/CT
L13 1570 SEA ABB=ON PLU=ON PRIMAQUINE
E DIHYDROARTEMISININ?/CT
L14 749 SEA ABB=ON PLU=ON DIHYDROARTEMISININ
L15 7 SEA ABB=ON PLU=ON L11 AND L12 AND L13
D SCAN

FILE 'HCAPLUS' ENTERED AT 13:53:01 ON 24 NOV 2008
L16 1 SEA ABB=ON PLU=ON L15 AND (PRY<=2004 OR AY<=2004 OR PY<=2004)
L17 522 SEA ABB=ON PLU=ON ARTEANNUIN OR ARTEMISININE OR QINGHAOSU OR QUING HAU SAU OR QUINGHAOSU
L18 222 SEA ABB=ON PLU=ON PRIMACIN OR (PRIMAQUINE)(2A)(DIPHOSPHATE OR PHOSPHATE)
L19 70 SEA ABB=ON PLU=ON DIHYDROARTEMISININE OR DIHYDROQINGHAOSU
L20 2731 SEA ABB=ON PLU=ON L11 OR L17
L21 1570 SEA ABB=ON PLU=ON L18 OR L13
L22 808 SEA ABB=ON PLU=ON L14 OR L19
L23 8 SEA ABB=ON PLU=ON L20 AND L12 AND L21
L24 2 SEA ABB=ON PLU=ON L23 AND (PRY<=2004 OR AY<=2004 OR PY<=2004)
L25 1 SEA ABB=ON PLU=ON L24 NOT L16
D SCAN

FILE 'REGISTRY' ENTERED AT 14:09:48 ON 24 NOV 2008
D L6
L26 1 SEA ABB=ON PLU=ON ARTEMISININ/CN
D
L27 1 SEA ABB=ON PLU=ON PIPERAQUINE/CN
D
L28 1 SEA ABB=ON PLU=ON PRIMAQUINE/CN

```
     FILE 'HCAPLUS' ENTERED AT 14:29:56 ON 24 NOV 2008
L29        1915 SEA ABB=ON  PLU=ON  L6

     FILE 'REGISTRY' ENTERED AT 14:44:42 ON 24 NOV 2008
L30           1 SEA ABB=ON  PLU=ON  DIHYDROARTEMISININ/CN

     FILE 'HCAPLUS' ENTERED AT 14:48:28 ON 24 NOV 2008
L31         479 SEA ABB=ON  PLU=ON  QINGHAOSU OR ARTEANNUIN OR ARTEMEF OR
                ARTEMISINE OR HUANGHUAHAOSU OR NSC 369397OR QHS OR QING HAU SU
                OR QINGHOSU
L32        2740 SEA ABB=ON  PLU=ON  L20 OR L31
L33           2 SEA ABB=ON  PLU=ON  PIPERAQUINOLINE
L34         129 SEA ABB=ON  PLU=ON  L12 OR L33
L35          19 SEA ABB=ON  PLU=ON  NEO-QUIPENYL OR NSC 27296 OR PRIMACHIN OR
                PRIMAQUIN OR SN 13272 OR WR 2975
L36        1583 SEA ABB=ON  PLU=ON  L21 OR L35
L37         818 SEA ABB=ON  PLU=ON  ALAXIN OR COTECXIN OR COTEXIN OR DHQHS 2
                OR DIHYDROARTEMISININ OR DIHYDROARTEMISININE OR DIHYDROQINGHAOS
                U OR DYNAMAX OR SALAXIN OR SANTECXIN
L38         818 SEA ABB=ON  PLU=ON  L14 OR L37
L39           8 SEA ABB=ON  PLU=ON  L32 AND L34 AND L36
L40           0 SEA ABB=ON  PLU=ON  L39 NOT L23
L41           3 SEA ABB=ON  PLU=ON  L38 AND L39
                D SCAN

     FILE 'MEDLINE' ENTERED AT 15:19:01 ON 24 NOV 2008
                E ARTEMISININ/CT
                E E4
                E E3+ALL
L42        2256 SEA ABB=ON  PLU=ON  ARTEMISININ?/CT

     FILE 'MEDLINE' ENTERED AT 15:31:08 ON 24 NOV 2008
                E PIPERAQUINE/CT
L43         113 SEA ABB=ON  PLU=ON  PIPERAQUINE OR PIPERAQUINOLINE
                E PRIMAQUINE/CT
                E E3+ALL
L44        1252 SEA ABB=ON  PLU=ON  PRIMAQUINE?/CT
                E DIHYDROARTEMISININ/CT
L45         414 SEA ABB=ON  PLU=ON  DIHYDROARTEMISININ OR DIHYDROARTEMISININE
                OR DIHYDROQINGHAOSU OR ALAXIN OR COTECXIN OR COTEXIN OR DHQHS
                2 OR DYNAMAX OR SALAXIN OR SANTECXIN
L46           3 SEA ABB=ON  PLU=ON  L42 AND L43 AND L44
                D TRIAL L46 1-3

          FILE 'BIOSIS' ENTERED AT 15:40:03 ON 24 NOV 2008
L47        1731 SEA ABB=ON  PLU=ON  ARTEMISININ
L48        1978 SEA ABB=ON  PLU=ON  L47 OR ARTEANNUIN OR ARTEMISININE OR
                QINGHAOSU OR QUING HAU SAU OR ARTEMEF OR ARTEMISINE OR
                HUANGHUAHAOSU OR NSC 369397 OR QHS OR QING HAU SU OR QINGHOSU
L49         101 SEA ABB=ON  PLU=ON  PIPERAQUINE OR PIPERAQUINOLINE
L50        1626 SEA ABB=ON  PLU=ON  PRIMAQUINE OR PRIMACIN OR (PRIMAQUINE)
                (2A) (DIPHOSPHATE OR PHOSPHATE) OR NEO-QUIPENYL OR PRIMACHIN
                OR PRIMAQUIN
L51         500 SEA ABB=ON  PLU=ON  DIHYDROARTEMISININ OR DIHYDROARTEMISININE
                OR DIHYDROQINGHAOSU OR ALAXIN OR COTECXIN OR DHQHS 2 OR
                DYNAMAX OR SALAXIN OR SANTECXIN
L52           2 SEA ABB=ON  PLU=ON  L48 AND L49 AND L50
                D L52 2
```

```
     FILE 'WPIX' ENTERED AT 15:58:52 ON 24 NOV 2008
L53          277 SEA ABB=ON  PLU=ON  ARTEMISININ OR ARTEANNUIN OR ARTEMISININE
                 OR QINGHAOSU OR QUING HAU SAU OR ARTEMEF OR ARTEMISINE OR
                 HUANGHUAHAOSU OR NSC 369397 OR QHS OR QING HAU SU OR QINGHOSU
L54           13 SEA ABB=ON  PLU=ON  PIPERAQUINE OR PIPERAQUINOLINE
L55          158 SEA ABB=ON  PLU=ON  PRIMAQUINE OR PRIMACIN OR (PRIMAQUINE)
                 (2A) (DIPHOSPHATE OR PHOSPHATE) OR NEO-QUIPENYL OR PRIMACHIN
                 OR PRIMAQUIN
L56          114 SEA ABB=ON  PLU=ON  DIHYDROARTEMISININ OR DIHYDROARTEMISININE
                 OR DIHYDROQINGHAOSU OR ALAXIN OR COTECXIN OR DHQHS 2 OR
                 DYNAMAX OR SALAXIN OR SANTECXIN
L57            2 SEA ABB=ON  PLU=ON  L53 AND L54 AND L55
                 D TRIAL L57 1-2
                 D KWIC L57 1-2

     FILE 'EMBASE' ENTERED AT 16:04:56 ON 24 NOV 2008
                 E ARTEMISININ/CT
                 E E3+ALL
L58         2081 SEA ABB=ON  PLU=ON  ARTEMISININ?/CT
                 E PIPERAQUINE/CT
                 E E3+ALL
L59          180 SEA ABB=ON  PLU=ON  PIPERAQUINE?/CT
                 E PRIMAQUINE/CT
                 E E3+ALL
L60         2993 SEA ABB=ON  PLU=ON  PRIMAQUINE?/CT
                 E DIHYDROARTEMISININ/CT
                 E E3+ALL
L61          651 SEA ABB=ON  PLU=ON  DIHYDROARTEMISININ?/CT
L62           27 SEA ABB=ON  PLU=ON  L58 AND L59 AND L60
                 D SCAN
                 D TRIAL L62 1-27
L63           16 SEA ABB=ON  PLU=ON  L61 AND L62

     FILE 'HCAPLUS' ENTERED AT 16:43:18 ON 24 NOV 2008
                 D SAVE
                 ACT ARN277HCA1AU/A
                ---------
L64 (          9)SEA ABB=ON  PLU=ON  ARTEMISININ?/CN
L65 (          2)SEA ABB=ON  PLU=ON  PIPERAQUINE?/CN
L66 (         13)SEA ABB=ON  PLU=ON  PRIMAQUINE?/CN
L67 (         21)SEA ABB=ON  PLU=ON  DIHYDROARTEMISININ?/CN
                 ---------
L68        24980 SEA ABB=ON  PLU=ON  LI, G?/AU
L69        11393 SEA ABB=ON  PLU=ON  SONG, J?/AU
L70           70 SEA ABB=ON  PLU=ON  L68 AND L69
L71            4 SEA ABB=ON  PLU=ON  L11 AND L70

     FILE 'MEDLINE' ENTERED AT 16:50:05 ON 24 NOV 2008
L72         5207 SEA ABB=ON  PLU=ON  LI, G?/AU
L73         3225 SEA ABB=ON  PLU=ON  SONG, J?/AU
L74            9 SEA ABB=ON  PLU=ON  L72 AND L73

     FILE 'BIOSIS' ENTERED AT 16:50:34 ON 24 NOV 2008
L75         5730 SEA ABB=ON  PLU=ON  LI, G?/AU
L76         3789 SEA ABB=ON  PLU=ON  SONG, J?/AU
L77           10 SEA ABB=ON  PLU=ON  L75 AND L76

     FILE 'WPIX' ENTERED AT 16:53:19 ON 24 NOV 2008
L78         6388 SEA ABB=ON  PLU=ON  LI, G?/AU
```

```
L79         6906 SEA ABB=ON  PLU=ON  SONG, J?/AU
L80           12 SEA ABB=ON  PLU=ON  L78 AND L79

     FILE 'EMBASE' ENTERED AT 16:54:36 ON 24 NOV 2008
L81         4036 SEA ABB=ON  PLU=ON  LI, G?/AU
L82         2833 SEA ABB=ON  PLU=ON  SONG, J?/AU
L83            6 SEA ABB=ON  PLU=ON  L81 AND L82

     FILE 'HCAPLUS' ENTERED AT 17:01:38 ON 24 NOV 2008
                SAVE TEMP L71 ARN277HCA1AU/A

     FILE 'HCAPLUS' ENTERED AT 17:02:52 ON 24 NOV 2008
L84            7 SEA ABB=ON  PLU=ON  L15 AND L23 AND L39
                SAVE TEMP L84 ARN277HCA1A/A

     FILE 'MEDLINE' ENTERED AT 17:04:03 ON 24 NOV 2008
                SAVE TEMP L74 ARN277MED1AU/A
                SAVE TEMP L46 ARN277MED1A/A

     FILE 'BIOSIS' ENTERED AT 17:05:00 ON 24 NOV 2008
                SAVE TEMP L77 ARN277BIO1AU/A
                SAVE TEMP L52 ARN277BIO1A/A

     FILE 'WPIX' ENTERED AT 17:05:47 ON 24 NOV 2008
                SAVE TEMP L80 ARN277WPI1AU/A
                SAVE TEMP L57 ARN277WPI1A/A

     FILE 'EMBASE' ENTERED AT 17:06:28 ON 24 NOV 2008
                SAVE TEMP L83 ARN277EMB1AU/A
                SAVE TEMP L62 ARN277EMB1A/A
                D SAVE

     FILE 'HCAPLUS' ENTERED AT 17:08:12 ON 24 NOV 2008
                D SAVE
                ACT ARN277HCA1AU/A
                ---------
L85 (       2431)SEA ABB=ON  PLU=ON  ARTEMISININ
L86 (      24980)SEA ABB=ON  PLU=ON  LI, G?/AU
L87 (      11393)SEA ABB=ON  PLU=ON  SONG, J?/AU
L88 (         70)SEA ABB=ON  PLU=ON  L86 AND L87
L89            4 SEA ABB=ON  PLU=ON  L85 AND L88
                ---------

     FILE 'MEDLINE' ENTERED AT 17:09:44 ON 24 NOV 2008
                ACT ARN277MED1AU/A
                ---------
L90 (       5207)SEA ABB=ON  PLU=ON  LI, G?/AU
L91 (       3225)SEA ABB=ON  PLU=ON  SONG, J?/AU
L92            9 SEA ABB=ON  PLU=ON  L90 AND L91
                ---------

     FILE 'BIOSIS' ENTERED AT 17:10:06 ON 24 NOV 2008
                ACT ARN277BIO1AU/A
                ---------
L93 (       5730)SEA ABB=ON  PLU=ON  LI, G?/AU
L94 (       3789)SEA ABB=ON  PLU=ON  SONG, J?/AU
L95           10 SEA ABB=ON  PLU=ON  L93 AND L94
                ---------
```

```
     FILE 'WPIX' ENTERED AT 17:10:28 ON 24 NOV 2008
                 ACT ARN277WPI1AU/A
                 ---------
L96 (      6388)SEA ABB=ON  PLU=ON  LI, G?/AU
L97 (      6906)SEA ABB=ON  PLU=ON  SONG, J?/AU
L98          12 SEA ABB=ON  PLU=ON  L96 AND L97
                 ---------

     FILE 'EMBASE' ENTERED AT 17:10:36 ON 24 NOV 2008
                 ACT ARN277EMB1AU/A
                 ---------
L99 (      4036)SEA ABB=ON  PLU=ON  LI, G?/AU
L100(      2833)SEA FILE=EMBASE ABB=ON  PLU=ON  SONG, J?/AU
L101          6 SEA ABB=ON  PLU=ON  L99 AND L100
                 ---------

     FILE 'HCAPLUS' ENTERED AT 17:12:15 ON 24 NOV 2008
                 ACT ARN277HCA1A/A
                 ---------
L102(      2431)SEA FILE=HCAPLUS ABB=ON  PLU=ON  ARTEMISININ
L103(       127)SEA FILE=HCAPLUS ABB=ON  PLU=ON  PIPERAQUINE
L104(      1570)SEA FILE=HCAPLUS ABB=ON  PLU=ON  PRIMAQUINE
L105(         7)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L102 AND L103 AND L104
L106(       522)SEA FILE=HCAPLUS ABB=ON  PLU=ON  ARTEANNUIN OR ARTEMISININE OR
L107(       222)SEA FILE=HCAPLUS ABB=ON  PLU=ON  PRIMACIN OR (PRIMAQUINE)(2A)(D
L108(      2731)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L102 OR L106
L109(      1570)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L107 OR L104
L110(         8)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L108 AND L103 AND L109
L111(       479)SEA FILE=HCAPLUS ABB=ON  PLU=ON  QINGHAOSU OR ARTEANNUIN OR ART
L112(      2740)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L108 OR L111
L113(         2)SEA FILE=HCAPLUS ABB=ON  PLU=ON  PIPERAQUINOLINE
L114(       129)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L103 OR L113
L115(        19)SEA FILE=HCAPLUS ABB=ON  PLU=ON  NEO-QUIPENYL OR NSC 27296 OR P
L116(      1583)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L109 OR L115
L117(         8)SEA FILE=HCAPLUS ABB=ON  PLU=ON  L112 AND L114 AND L116
L118          7 SEA ABB=ON  PLU=ON  L105 AND L110 AND L117
                 ---------

     FILE 'MEDLINE' ENTERED AT 17:12:36 ON 24 NOV 2008
                 ACT ARN277MED1A/A
                 ---------
L119(      2256)SEA FILE=MEDLINE ABB=ON  PLU=ON  ARTEMISININ?/CT
L120(       113)SEA FILE=MEDLINE ABB=ON  PLU=ON  PIPERAQUINE OR PIPERAQUINOLINE
L121(      1252)SEA FILE=MEDLINE ABB=ON  PLU=ON  PRIMAQUINE?/CT
L122          3 SEA ABB=ON  PLU=ON  L119 AND L120 AND L121
                 ---------

     FILE 'BIOSIS' ENTERED AT 17:13:04 ON 24 NOV 2008
                 ACT ARN277BIO1A/A
                 ---------
L123(      1731)SEA FILE=BIOSIS ABB=ON  PLU=ON  ARTEMISININ
L124(      1978)SEA FILE=BIOSIS ABB=ON  PLU=ON  L123 OR ARTEANNUIN OR ARTEMISIN
L125(       101)SEA FILE=BIOSIS ABB=ON  PLU=ON  PIPERAQUINE OR PIPERAQUINOLINE
L126(      1626)SEA FILE=BIOSIS ABB=ON  PLU=ON  PRIMAQUINE OR PRIMACIN OR (PRIM
L127          2 SEA ABB=ON  PLU=ON  L124 AND L125 AND L126
                 ---------

     FILE 'WPIX' ENTERED AT 17:13:33 ON 24 NOV 2008
                 ACT ARN277WPI1A/A
                 ---------
```

```
L128(       277)SEA FILE=WPIX ABB=ON  PLU=ON  ARTEMISININ OR ARTEANNUIN OR ARTE
L129(        13)SEA FILE=WPIX ABB=ON  PLU=ON  PIPERAQUINE OR PIPERAQUINOLINE
L130(       158)SEA FILE=WPIX ABB=ON  PLU=ON  PRIMAQUINE OR PRIMACIN OR (PRIMAQ
L131          2 SEA ABB=ON  PLU=ON  L128 AND L129 AND L130
               ---------

     FILE 'EMBASE' ENTERED AT 17:13:54 ON 24 NOV 2008
                ACT ARN277EMB1A/A
               ---------
L132(      2081)SEA FILE=EMBASE ABB=ON  PLU=ON  ARTEMISININ?/CT
L133(       180)SEA FILE=EMBASE ABB=ON  PLU=ON  PIPERAQUINE?/CT
L134(      2993)SEA FILE=EMBASE ABB=ON  PLU=ON  PRIMAQUINE?/CT
L135         27 SEA ABB=ON  PLU=ON  L132 AND L133 AND L134
               ---------
     FILE 'HCAPLUS, MEDLINE, BIOSIS, WPIX, EMBASE' ENTERED AT 17:16:20 ON 24
     NOV 2008
L136         31 DUP REMOVE L89 L92 L95 L98 L101 (10 DUPLICATES REMOVED)

     FILE 'HCAPLUS' ENTERED AT 17:18:52 ON 24 NOV 2008
L137          6 SEA ABB=ON  PLU=ON  L118 NOT L89

     FILE 'MEDLINE' ENTERED AT 17:19:56 ON 24 NOV 2008
L138          3 SEA ABB=ON  PLU=ON  L122 NOT L92

     FILE 'BIOSIS' ENTERED AT 17:20:27 ON 24 NOV 2008
L139          2 SEA ABB=ON  PLU=ON  L127 NOT L95

     FILE 'WPIX' ENTERED AT 17:20:51 ON 24 NOV 2008
L140          1 SEA ABB=ON  PLU=ON  L131 NOT L98

     FILE 'EMBASE' ENTERED AT 17:21:11 ON 24 NOV 2008
L141         27 SEA ABB=ON  PLU=ON  L135 NOT L101

     FILE 'HCAPLUS, MEDLINE, BIOSIS, WPIX, EMBASE' ENTERED AT 17:23:11 ON 24
     NOV 2008
L142         34 DUP REMOVE L137 L138 L139 L140 L141 (5 DUPLICATES REMOVED)
```